Hampshire Country Club Planned Residential Development

Village of Mamaroneck, Westchester County, New York

LEAD AGENCY

Village of Mamaroneck Planning Board 169 Mt Pleasant Avenue, Third Floor Mamaroneck, NY 10543 Contact: Village of Mamaroneck Planning Department 914.825.8758

PREPARED BY



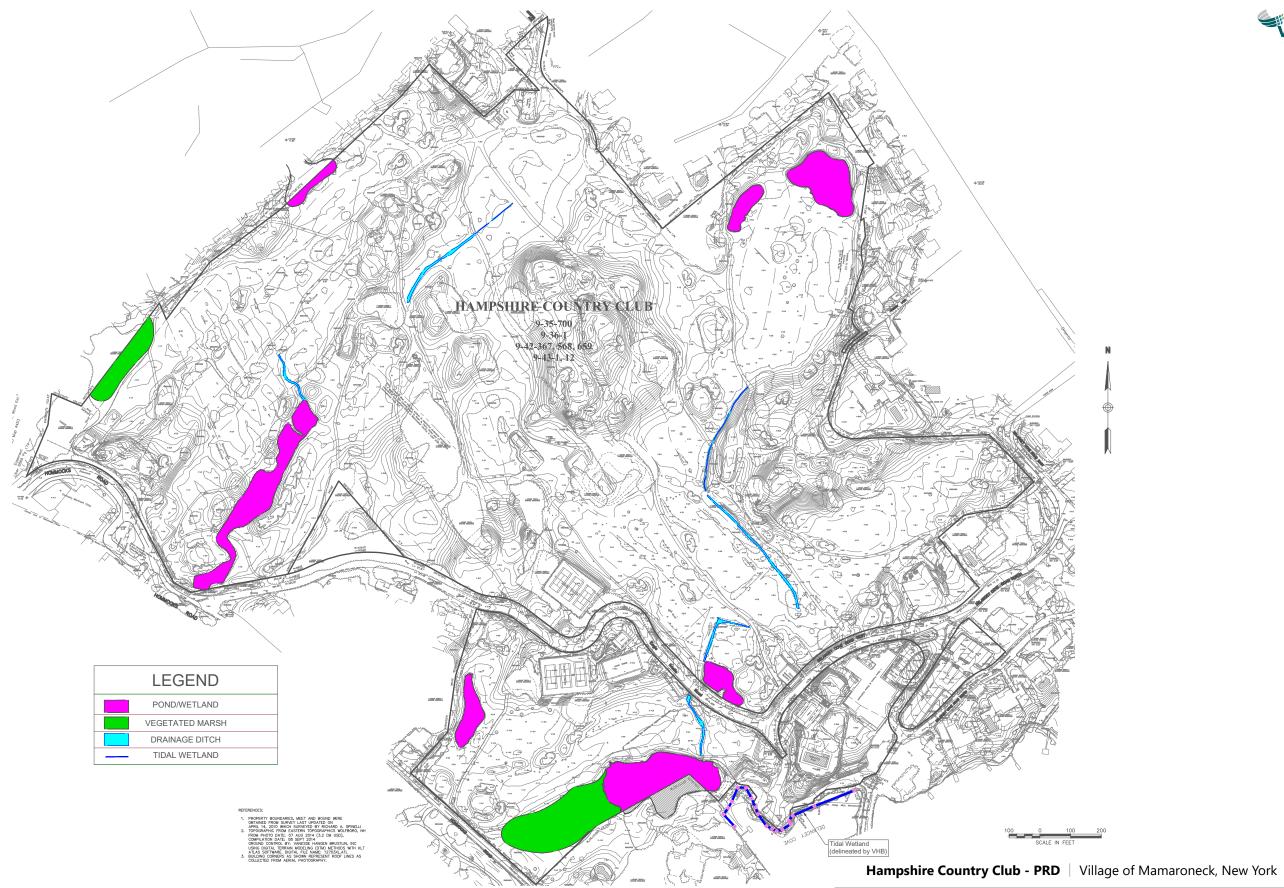
VHB Engineering, Surveying, and Landscape Architecture, P.C. 50 Main Street Suite 360 White Plains, NY 10606 914.617.6600

RESPONSE TO FEIS COMPLETENESS COMMENTS

Hampshire Country Club Planned Residential Development Village of Mamaroneck, Westchester County, New York Final Environmental Impact Statement

C Updated Figures

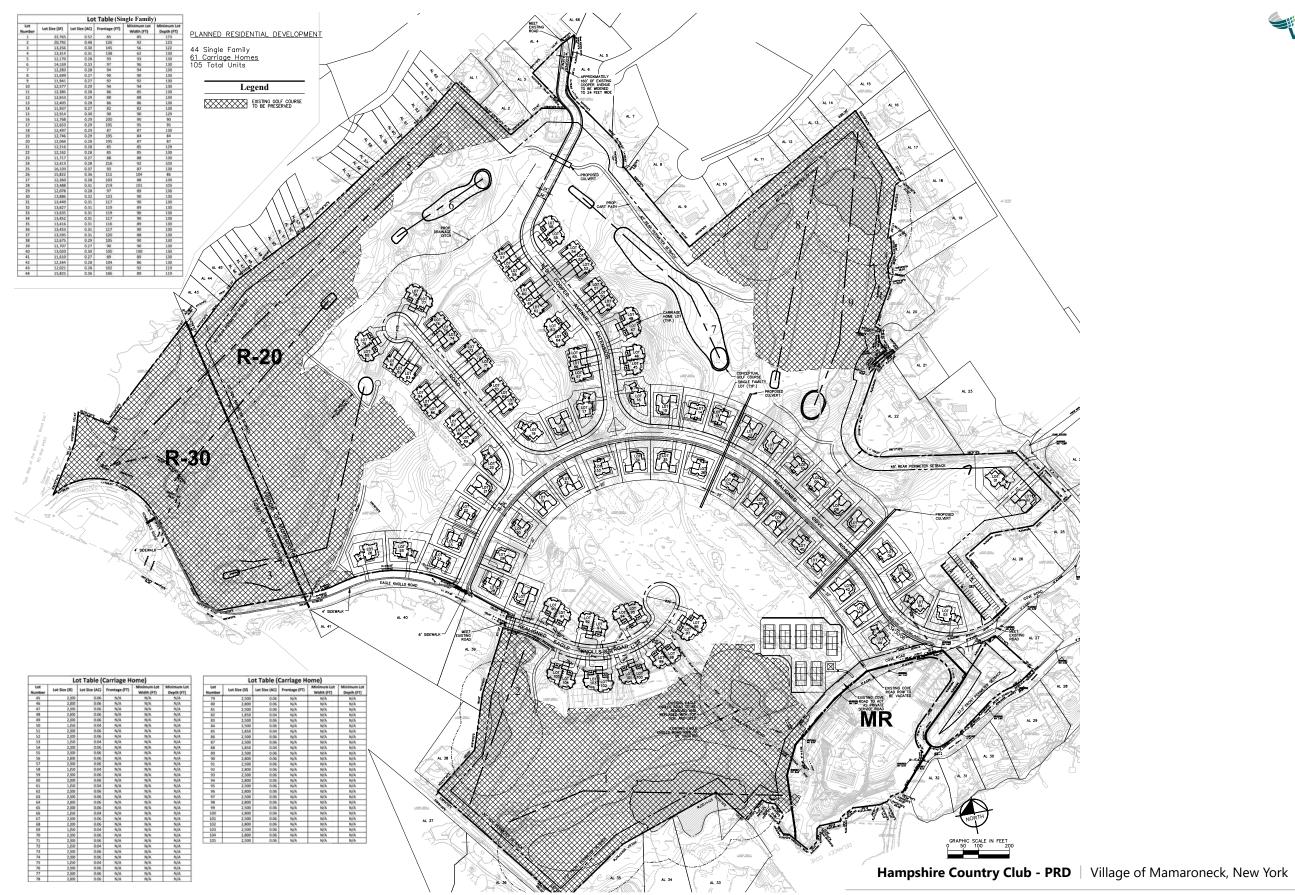
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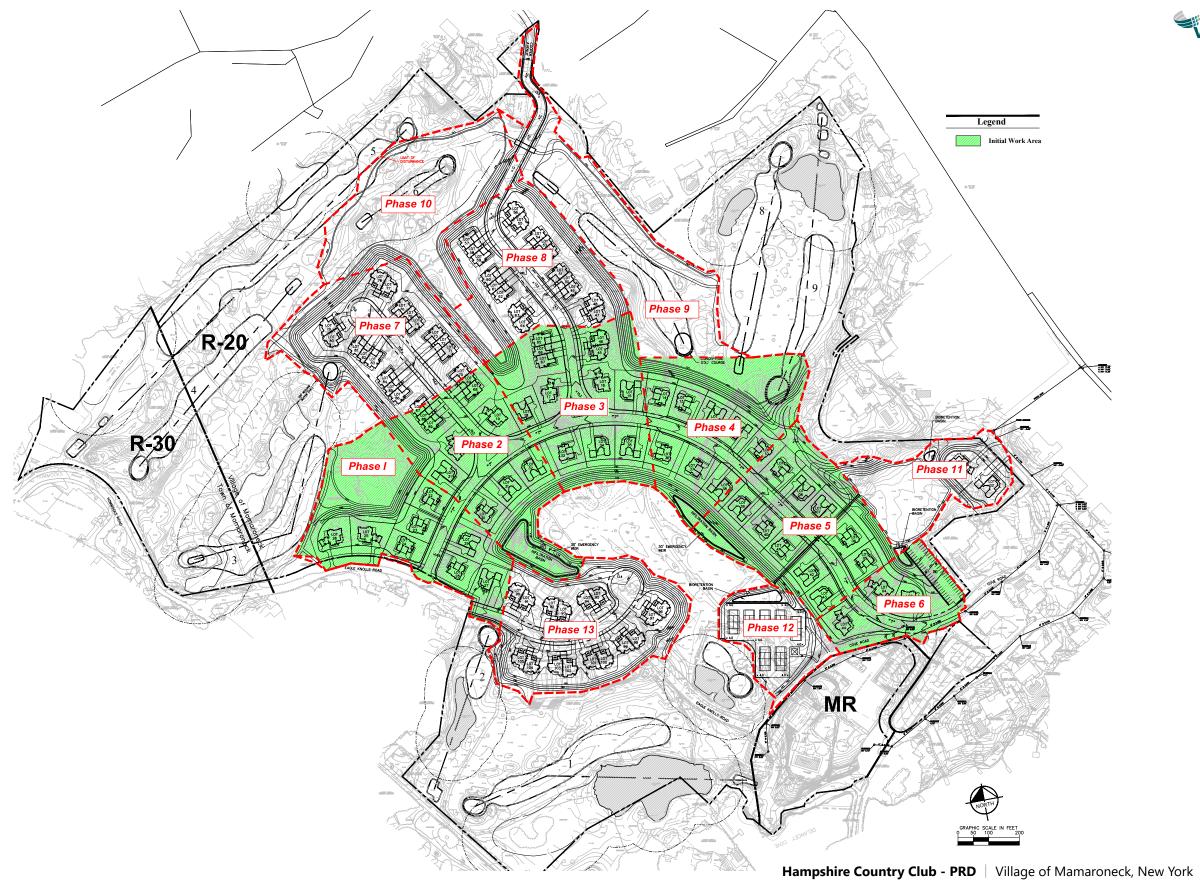


Existing Conditions Plan



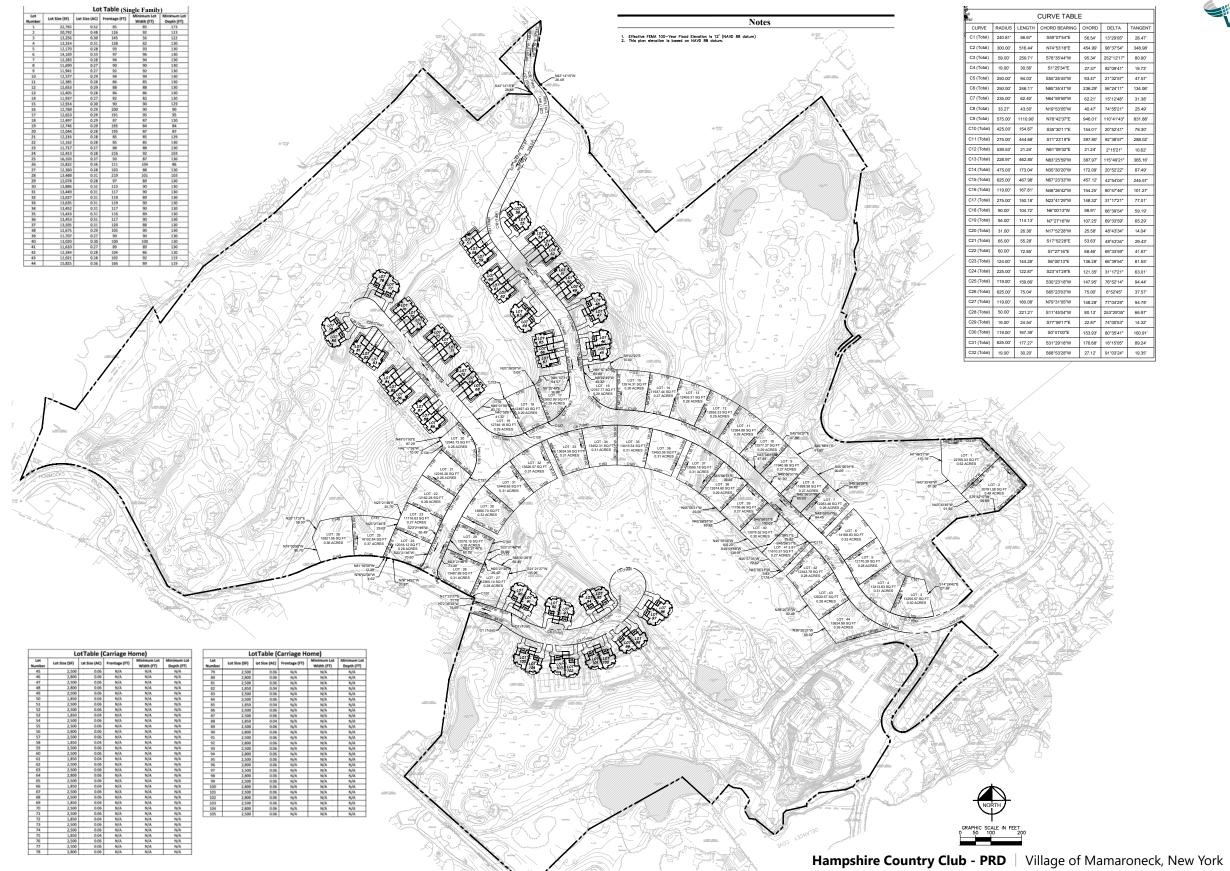


Layout Plan





Construction Phasing Plan



vhb

Figure 4

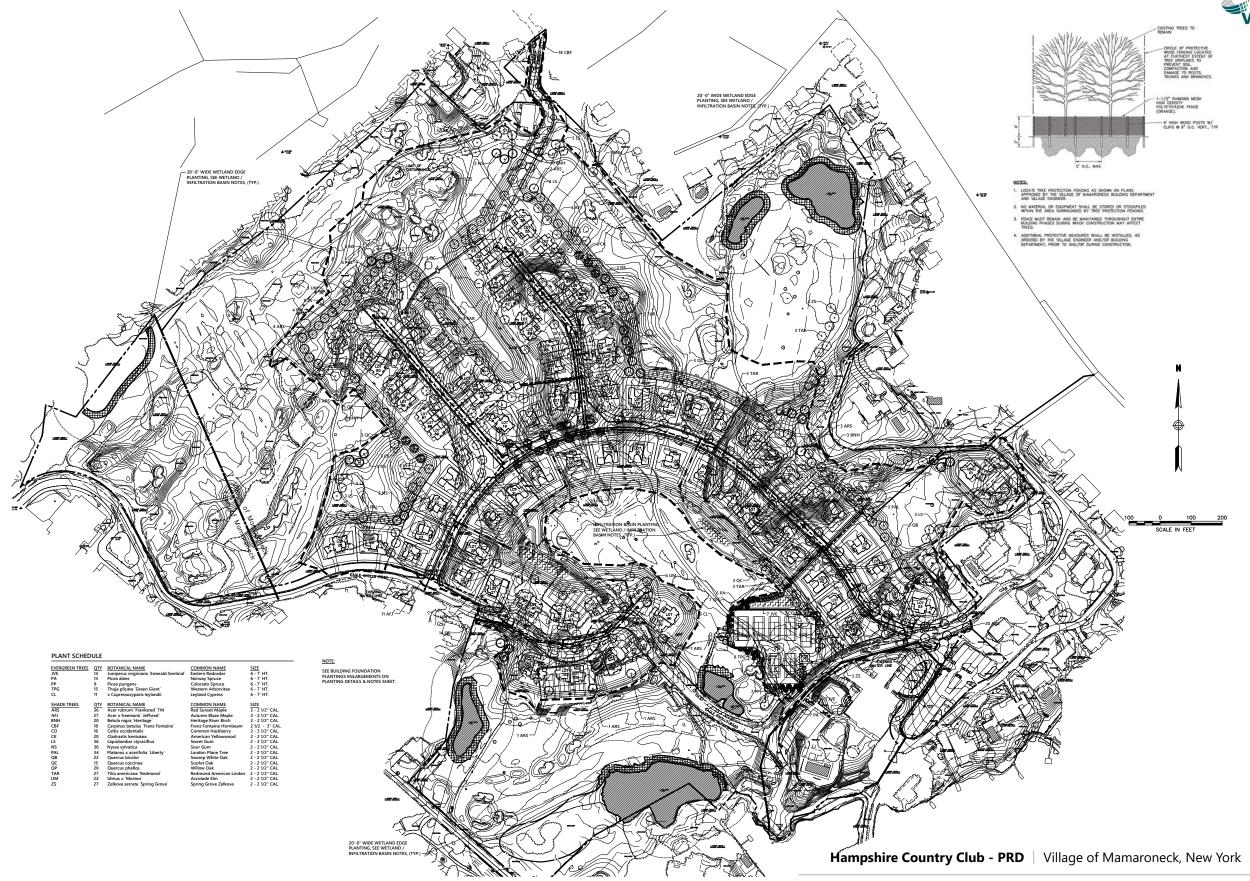
CURVE TABLE								
	LENGTH	CHORD BEARING	CHORD	DELTA	TANGENT			
	56.67	S59*07'54*E	56.54'	13*29'05*	28.47			
	516.44'	N74*53*18*E	454.99'	98°37'54*	348.98'			
	259.71'	S78°35'44"W	95.34'	252°12'17"	80.90'			
	30.56*	S1°25'34"E	27.37	92°09'41"	19.73			
	94.03	\$55°25'45"W	93.47'	21°32'57*	47.57			
	246.11'	N85°35'41"W	236.29'	56°24'11*	134.06'			
	62.40'	N64°59'59"W	62.21'	15*12'48*	31.38'			
	43.50'	N19°53'05"W	40.47'	74*55'21*	25.49'			
	1110.90'	N78*42'37*E	946.01'	110°41'43*	831.88'			
1	154.87'	S35*30'11*E	154.01'	20°52'41*	78.30'			
	444.68'	S71*23*19*E	397.80'	92°38'57*	288.02'			
	21.24'	N61*09'32*E	21.24"	2°15'21*	10.62'			
	462.85'	N83°25'59"W	387.97	115°49'21"	365.16'			
	173.04'	N35°30'20"W	172.09'	20°52'22*	87.49			
	467.98'	N67°23'33"W	457.12'	42°54'04"	245.57			
	167.81'	N48°26'42"W	154.25'	80°47'46*	101.27			
	150.18"	N23°41'29"W	148.32'	31°17'21"	77.01'			
	104.72'	N6°00'13"W	98.91'	66°39'54*	59.19'			
	114.13'	N7*27*16*W	107.25'	69°33'59"	65.29			
	26.36	N17°52'28"W	25.58'	48°43'34"	14.04'			
	55.28	S17*52'28*E	53.63'	48°43'34"	29.43			
	72.85	S7°27'16"E	68.46'	69°33'59"	41.67'			
	144.28'	S6°00'13"E	136.28'	66°39'54*	81.55			
	122.87'	S23*41'29*E	121.35'	31°17'21"	63.01'			
	159.66'	\$30°23'18"W	147.95'	76*52'14*	94.44'			
	75.04	S65°23'03"W	75.00'	6°52'45*	37.57			
	160.08"	N79°31'05"W	148.28'	77*04'29*	94.78			
	221.21'	S11°45'04"W	80.13'	253°29'35"	66.97			
	24.54'	S77*59'17*E	22.87	74*00'53*	14.32'			
	167.39'	S0°41'00"E	153.93'	80°35'41*	100.91'			
	177.27'	S31°29'18"W	176.68'	16*15'05*	89.24'			
	30.20'	S68*53'28"W	27.12	91°03'24"	19.35'			

Preliminary Subdivision Plat



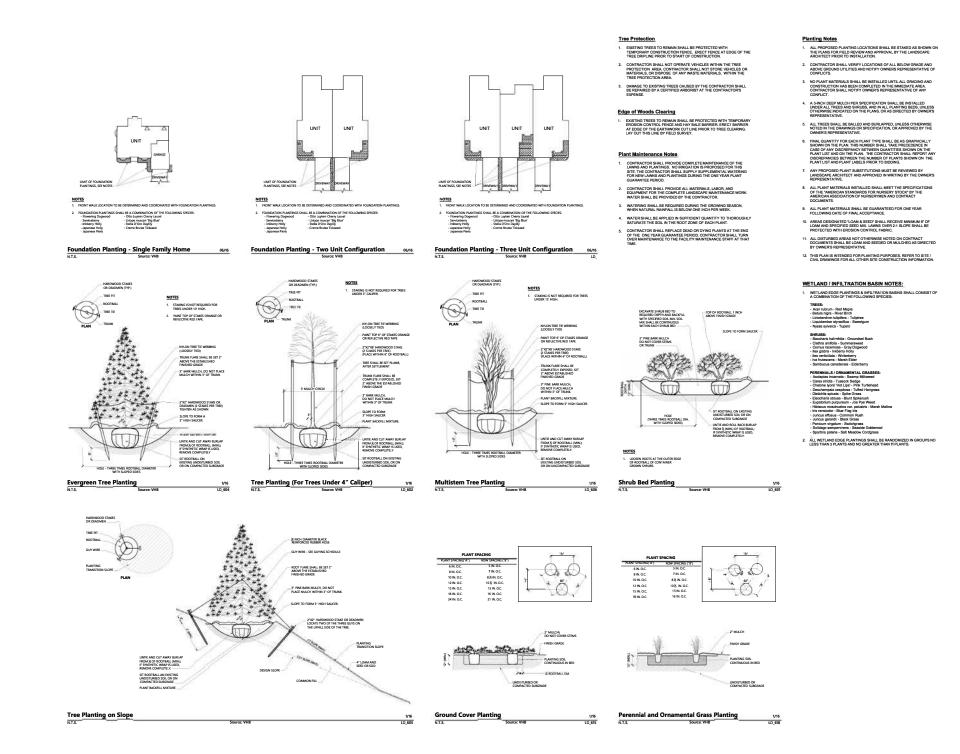


Open Space Plan





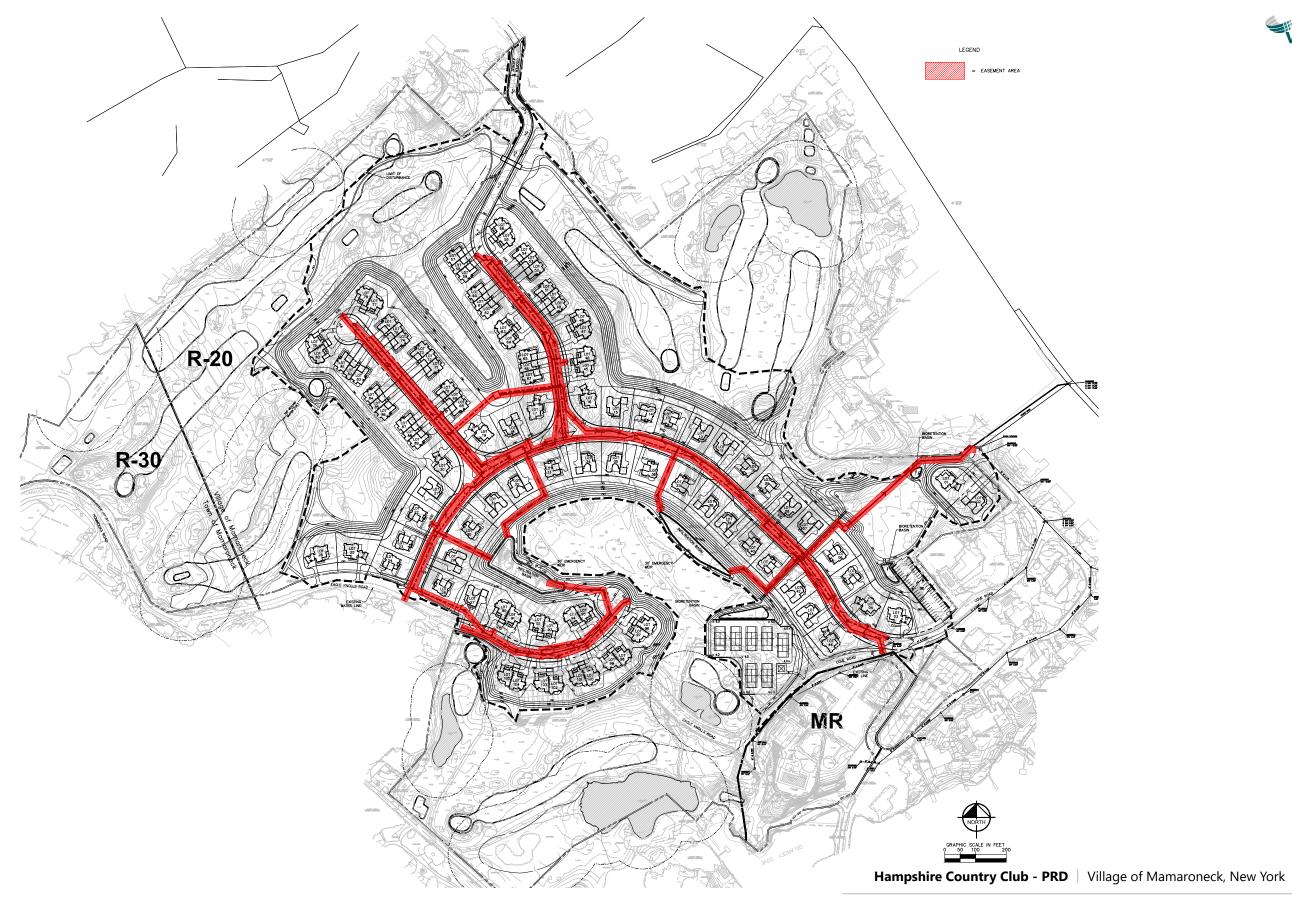
Landscaping Plan





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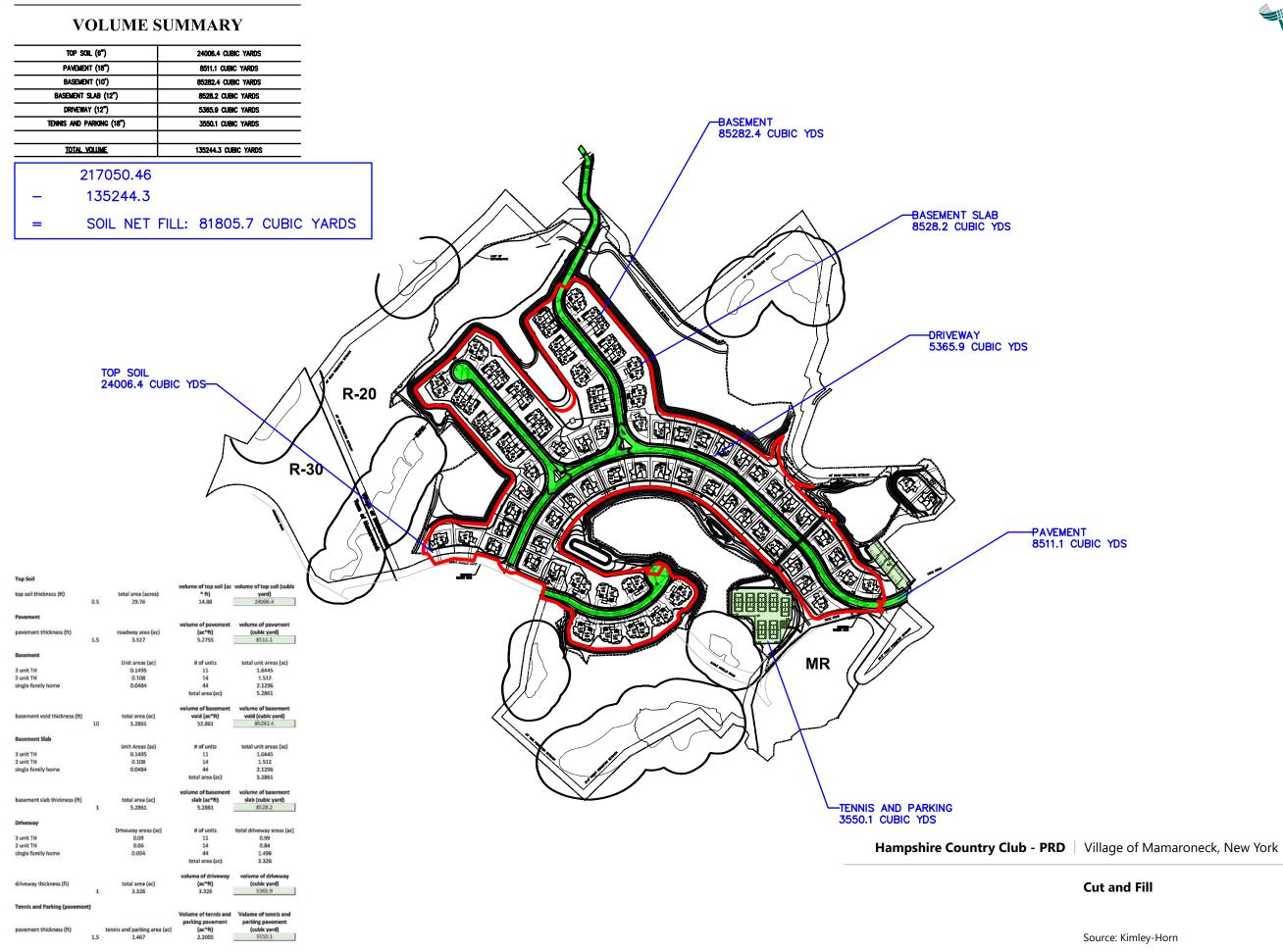
Landscaping Plan Planting Details & Notes







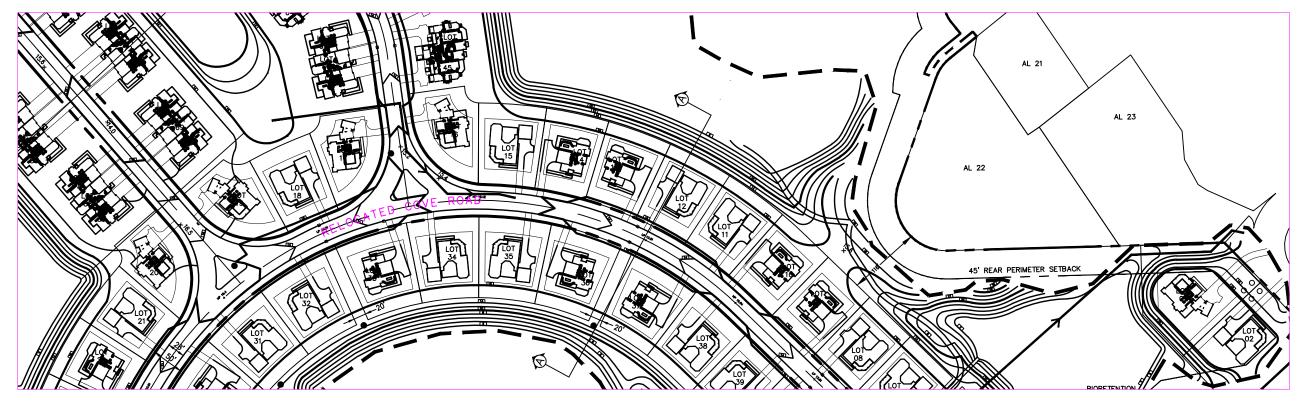
Utility Easement Plan





PAVEMENT 8511.1 CUBIC YDS

Cut and Fill



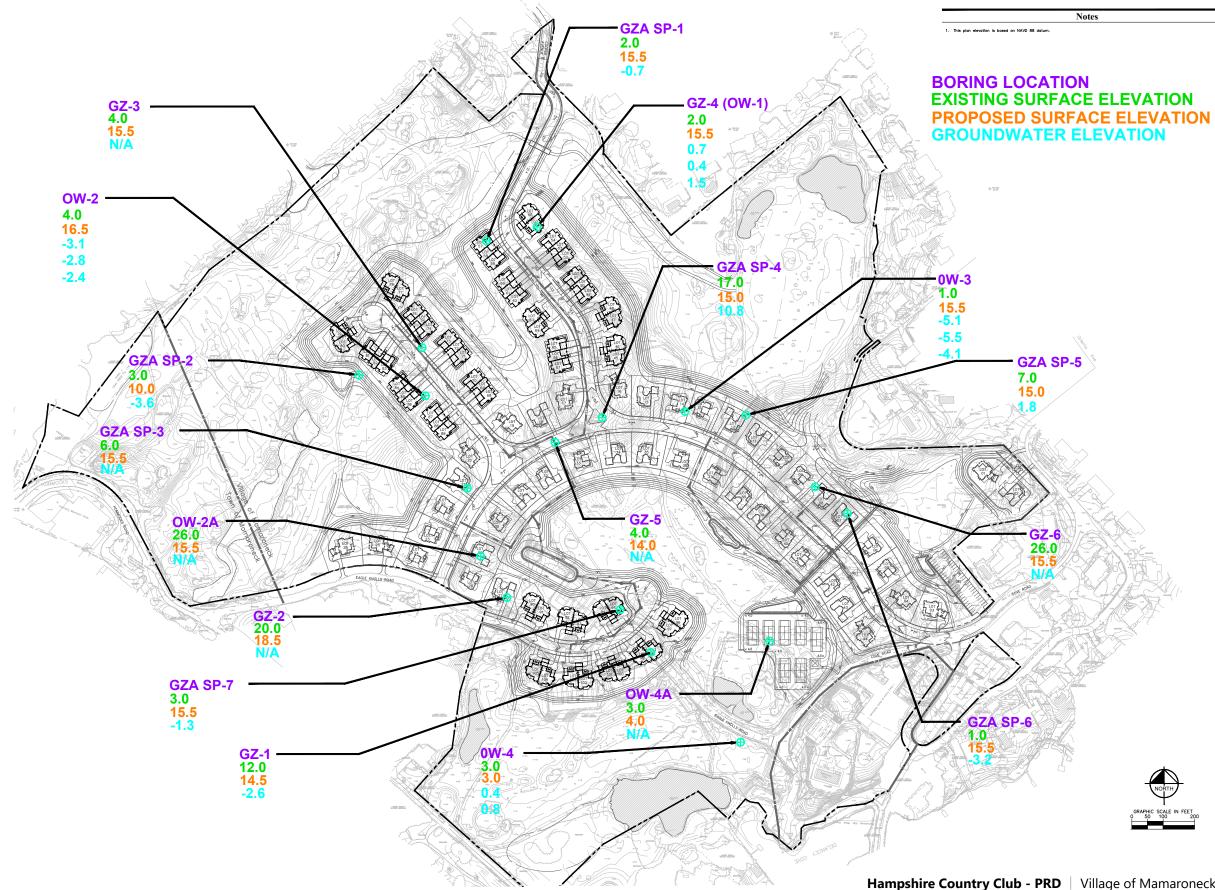
PARTIAL PLAN SCALE 1" = 150'

Elevation (ft)





Development Platform Cross Section



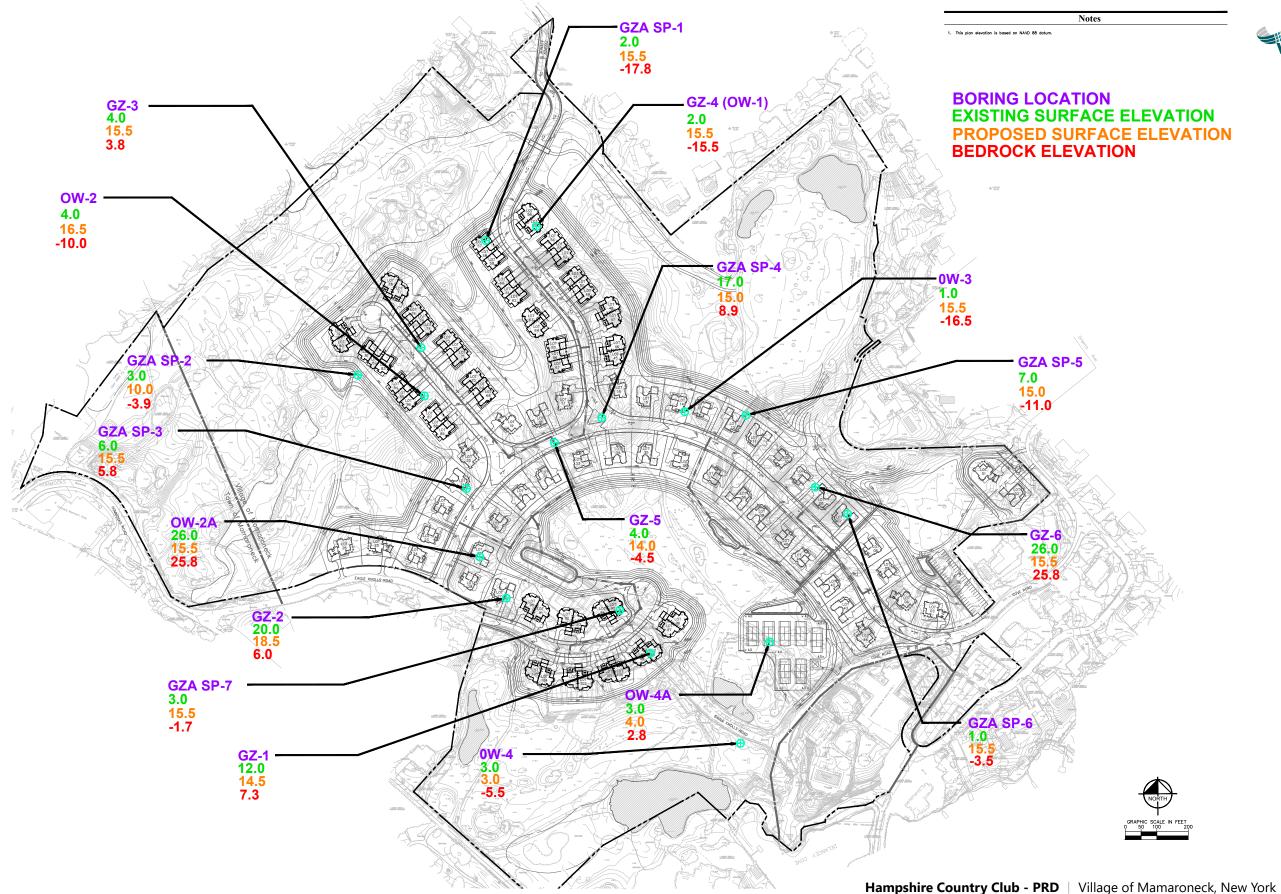
Notes





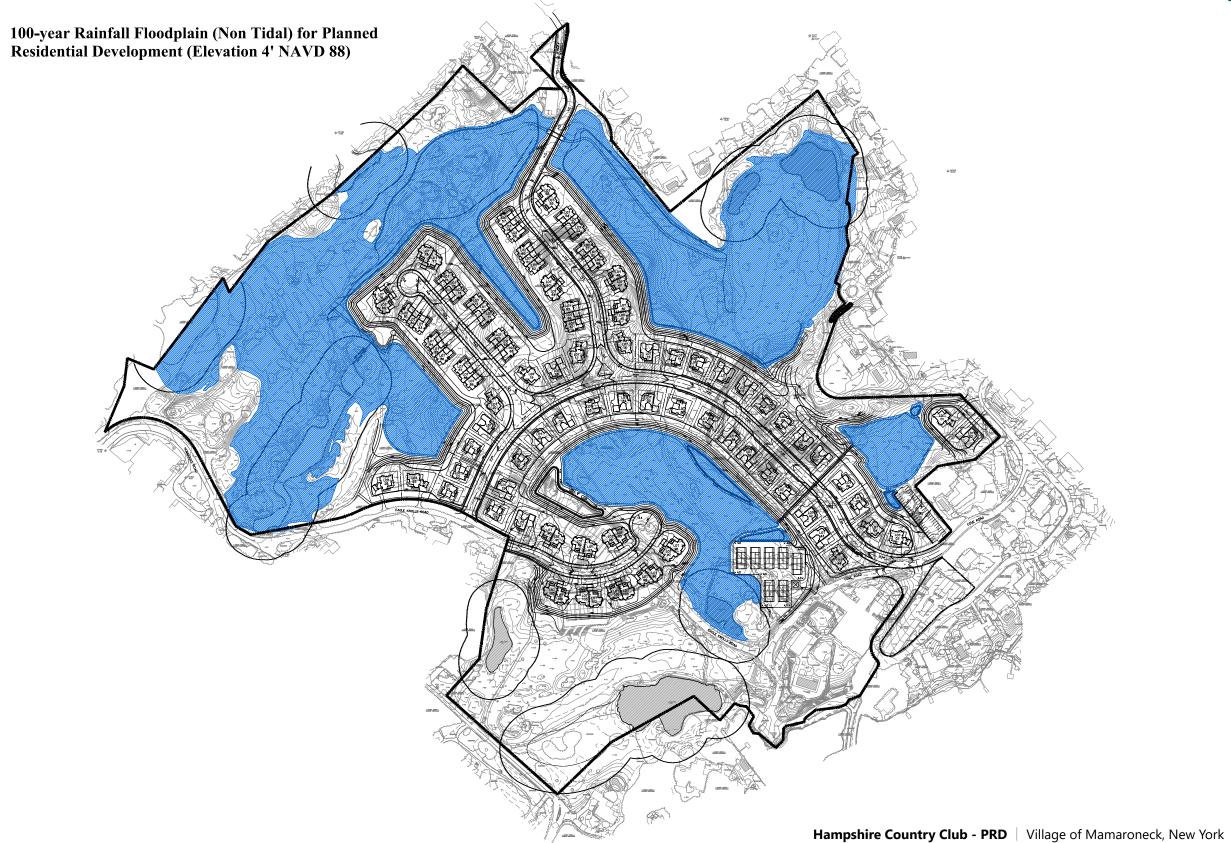
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Groundwater Elevation Map



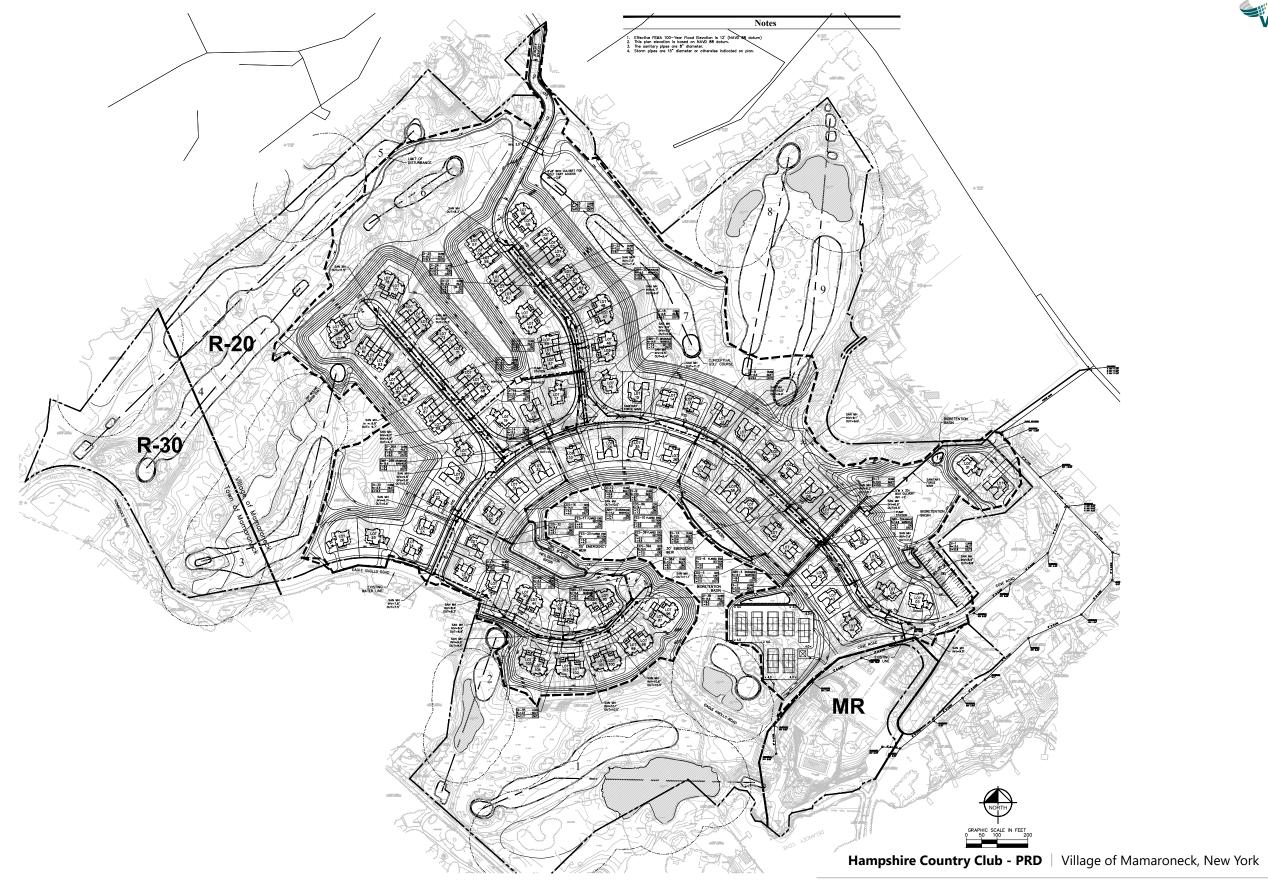


Bedrock Elevation Map





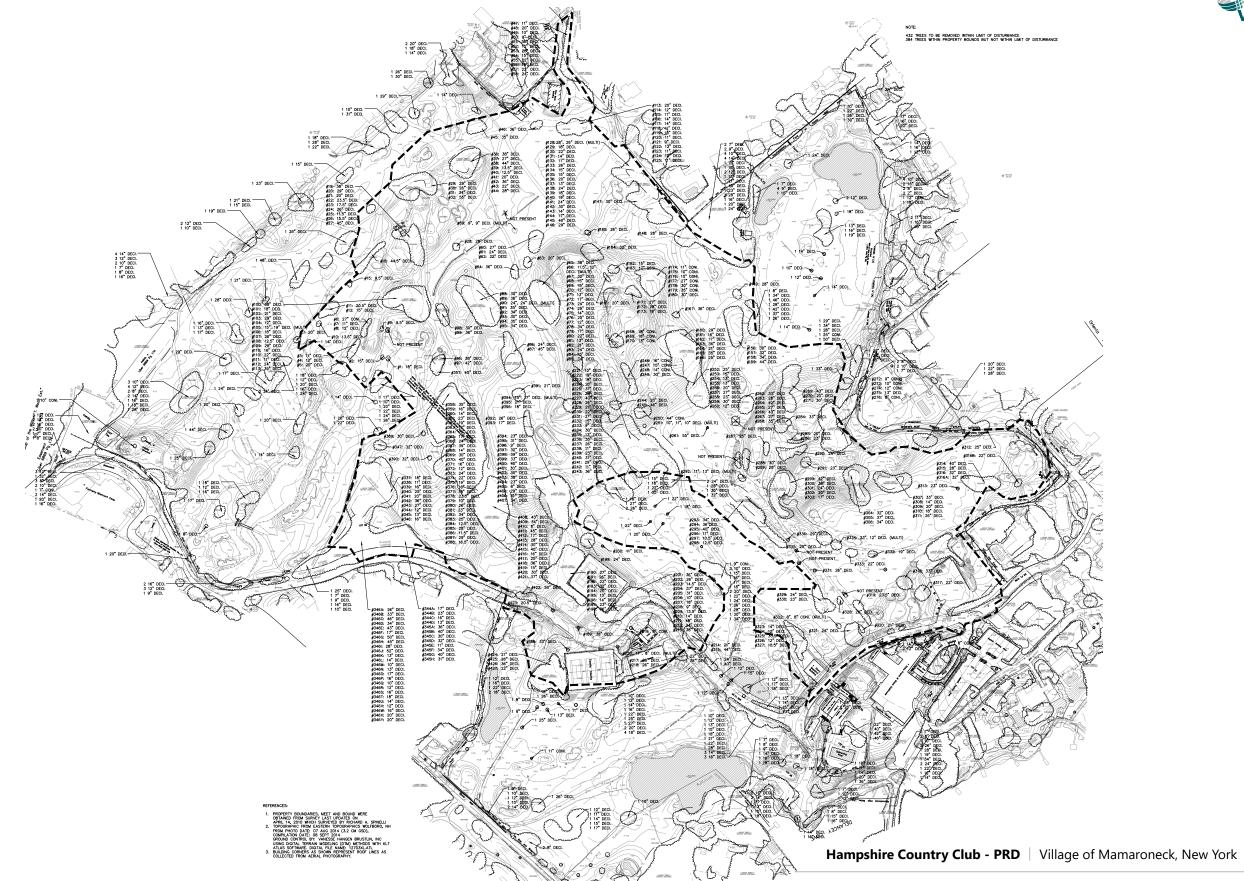
Flood Extent Model - 100 Year Storm





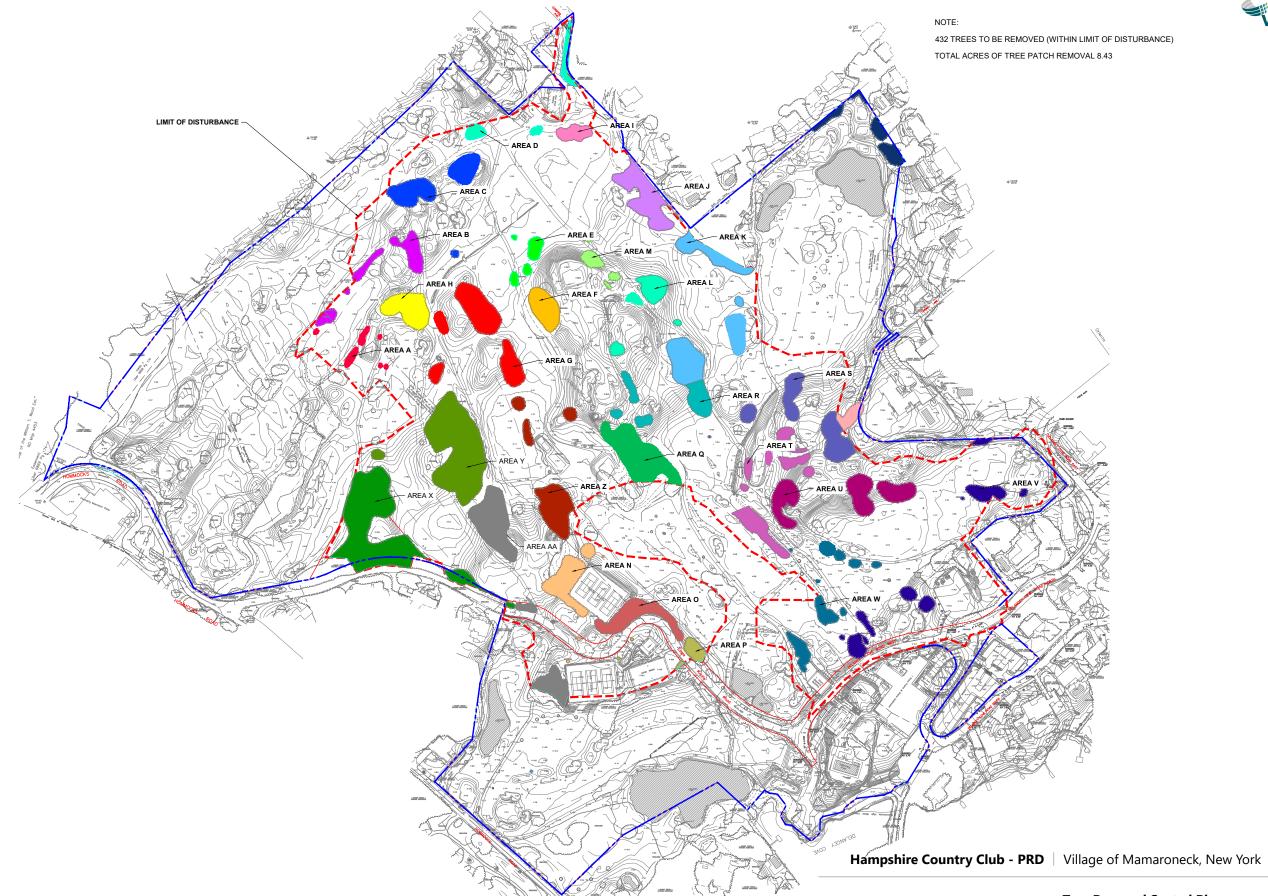


Grading and Utility Plan





Tree Removal Plan





Tree Removal Sorted Plan

LIST OF TREE TO BE REMOVED (WITHIN LIMIT OF DISTURBANCE)

AREA A-2,840 SF	AREA F-9,437 SF	AREA J-17,464 SF	AREA 0-13,291 SF	AREA S-22,845 SF	AREA W-12,827 SF	AREA Y-44,258 SF
PINUS STRABUS	QUERCUS ALBA & RUBRA	QUERCUS ALBA	CARYA OVATA	QUERCUS ALBA	BETULA NIGRA	QUERCUS ALBA
ACER RUBRUM	TREE DIAMETER TYPE #66 12" DECI	QUERCUS RUBRA	CARYA GLABRA	QUERCUS RUBRA	QUERCUS PALUSTRIS	QUERCUS RUBRA
BETULA NIGRA	#70 12" DECI	TREE DIAMETER TYPE #132 11" DECI	QUERCUS ALBA	TREE DIAMETER TYPE #276 8" CONI	METASEQOIA	CARYA GLABRA
LIQUIDAMBAR	#77 12" DECI	#137 13" DECI	ROBINIA PSEUDOACACIA	#272 9" CONI	ACER RUBRUM	TREE DIAMETER TYPE #379 10" DECI
STYRACIFLUA	#71 13" DECI	#131 14" DECI	TREE DIAMETER TYPE #208 9" DECI	#273 10" CONI	TREE DIAMETER TYPE #327 10.5" DECI	#386 11.5" DECI
TREE DIAMETER TYPE	#81 13" DECI	#143 14" DECI	#206 10" DECI	#274 12" CONI	#324 12" DECI	#372 12" DECI
#9 9.5" DECI #3 11" DECI	#75 14" DECI #68 15" DECI	#134 15" DECI #135 15" DECI	#209 13.5" DECI	#275 13" DECI #270 20" DECI	#326 12" DECI	#384 12.5" DECI
#3 11" DECI #7 11" DECI	#69 15" DECI	#135 15" DECI #144 17" DECI	#210 14" DECI	#270 20" DECI #265 27" DECI	#323 14" DECI	#360 14" DECI #368 14" DECI
#4 12" DECI	#84 15" DECI	#129 18" DECI	#203 14.5" DECI #207 18" DECI	#267 27" DECI	#332 19" DECI #335 20" DECI	#359 16" DECI
#8 12" DECI	#72 17" DECI	#139 18" DECI	#217 18 DECI	#263 28" DECI	#333 22" DECI	#371 16" DECI
#10 13.5" DECI	#79 17" DECI #76 20" DECI	#140 19" DECI	#202 26" DECI	#271 30" DECI	#330 23" DECI	#376 16" DECI
#2 15" DECI	#76 20" DECI #82 21" DECI	#136 20" DECI #130 22" DECI	#205 31" DECI	#262 33" DECI #268 35" DECI	#334 23" DECI	#388 16.5" DECI #363 17" DECI
#1 18" DECI #5 20" DECI	#80 22" DECI	#138 24" DECI	#201 36" DECI #204 37" DECI	#264 42" DECI	#329 24" DECI #328 26" DECI	#363 17" DECI #365 17" DECI
#6 27" CONI	#73 24" DECI	#141 24" DECI	#204 37" DECI #213 38" DECI	#266 43" DECI	#328 26" DECI #331 26" DECI	#377 18" DECI
	#83 24" DECI #74 26" DECI	#133 26" DECI	#211 48" DECI	#269 43" DECI	#336 29" DECI	#362 19" DECI
AREA B-10,538 SF	#74 26" DECI #67 32" DECI	#128 28" DECI #146 29" DECI	AREA P-4,061 SF	#261 55" DECI	#325 33.5" DECI	#375 19" DECI
QUERAUS ALBA	#78 34" DECI	#146 29" DECI #142 30" DECI		AREA T-17,324 SF	AREA X-50,612 SF	#374 22" DECI #361 23" DECI
ACER RUBRUM	#85 34" DECI	#145 40" DECI	TILIA TOMENTOSEUM	QUERCUS ALBA	QUERCUS ALBA	#381 23" DECI
PINUS STROBUS	#65 38" DECI		#219 8" CONI	CARYA AVATA	CARYA OVATA	#378 23.5" DECI
CARYA OVATA FAGUS GRANDIFOLIA	AREA G-25,794 SF	AREA K-29,444 SF	#220 17" DECI	BETULA RUBRA	PINUS SYLVESTRIS	#364 24" DECI
CARYA GLABRA	QUERCUS ALBA	QUERCUS ALBA QUERCUS RUBRA	#214 21" DECI #217 23" DECI	TREE DIAMETER TYPE	ROBINIA PSEUDOACACIA	#366 24" DECI #373 24" DECI
TREE DIAMETER TYPE	LIRIODENDRON	TREE DIAMETER TYPE	#217 23" DECI #218 26" DECI	#297 10.5" DECI #296 11" DECI	TREE DIAMETER TYPE	#373 24" DECI #383 25" DECI
#15 9.5" DECI	TULIPIFERA	#161 16" DECI	#218 26 DECI #215 44" DECI	#298 11.5" DECI	#346M 10" DECI	#380 26" DECI
#25 11.5" DECI	QUERCUS RUBRA	#162 17" DECI		#292 13" DECI	#346Q 10" DECI #338 11" DECI	#385 28" DECI
#12 15" DECI #26 15.5" DECI	TREE DIAMETER TYPE #86 24" DECI	#164 21" DECI	AREA Q-26,146 SF	#285 20" DECI	#345E 11" DECI	#387 29" DECI
#26 15.5 DECI #23 17.5" DECI	#86 24 DECI #90 24" DECI	#166 25" DECI #148 28" DECI	QUERCUS ALBA	#286 23" DECI #291 23" DECI	#344 12" DECI	#369 30" DECI #347 32" DECI
#21 20" DECI	#88 30" DECI	#148 28 DECI #149 28" DECI	QUERCUS RUBRA TREE DIAMETER TYPE	#291 23" DECI #290 24" DECI	#346R 12" DECI	#347 32" DECI #382 34" DECI
#11 20.5" DECI	#93 30" DECI	#160 29" DECI	#233 9" DECI	#287 25" DECI	#346V 12" DECI #344D 13" DECI	#358 35" DECI
#22 23.5" DECI	#98 30" DECI #92 34" DECI	#147 30" DECI	#221 10" DECI	#289 28" DECI	#344D 13 DECI #345 13" DECI	#367 39" DECI
#24 26" DECI #20 29" DECI	#92 34" DECI #95 34" DECI	#156 30" DECI #157 32" DECI	#238 11" DECI	#288 30" DECI	#346K 13" DECI	#370 40" DECI
#19 38" DECI	#81 35" DECI	#157 32" DECI #158 34" DECI	#242 11" DECI #235 13" DECI	#284 33" DECI #293 34" DECI	#346N 13" DECI	AREA Z-18,923 SF
#18 44.5" DECI	#94 35" DECI	#165 35" DECI	#232 15" DECI	#293 34 DECI #294 36" DECI	#346L 14" DECI	QUERCUS ALBA
#27 45" DECI	#89 36" DECI	#163 36" DECI	#223 18" DECI	#295 40" DECI	#346U 14" DECI #339 16" DECI	QUERCUS RUBRA
AREA C-17,347 SF	#99 36" DECI #96 38" DECI	#159 44" DECI	#222 19" DECI	AREA U-23,602 SF	#344C 16" DECI	BETULA NIGRA
QUERCUS ALBA	#97 42" DECI	AREA L-9,621 SF	#224 20" DECI #229 21" DECI	QUERCUS ALBA	#346 16" DECI	TREE DIAMETER TYPE
QUERCUS RUBRA	#87 45" DECI	PINUS STROBUS	#229 21" DECI #230 22" DECI	QUERCUS ALBA	#346P 16" DECI	#405 8" DECI #396 9" DECI
TREE DIAMETER TYPE		CARYA OVATA	#239 23" DECI	ZELKOVA SERRATA	#346S 16" DECI #346W 16" DECI	#396 9" DECI #389 17" DECI
#40 12.5" DECI	AREA H-12,469 SF QUERCUS ALBA	QUERCUS ALBA	#228 26" DECI	TREE DIAMETER TYPE	#346W 16" DECI #344A 17" DECI	#393 17" DECI
#39 13.5" DECI #41 20" DECI	QUERCUS ALBA	QUERCUS RUBRA	#237 26" DECI	#308 14" DECI	#346F 17" DECI	#390 21" DECI
#43 22" DECI	TREE DIAMETER TYPE	TREE DIAMETER TYPE	#226 29" DECI #241 29" DECI	#303 17" DECI	#3460 17" DECI	#391 21" DECI
#30 26" DECI	#111 11" DECI	#175 10" CONI #176 10" CONI	#241 29 DECI #234 30" DECI	#310 18" DECI #302 20" DECI	#337 18" DECI	#394 23" DECI #404 23" DECI
#37 27" DECI	#104 12" DECI	#174 11" CONI	#225 31" DECI	#309 20" DECI	#346T 18" DECI #341 20" DECI	#392 26" DECI
#28 28" DECI #44 28" DECI	#108 12.5" DECI #110 16" DECI	#170 13" CONI	#240 31" DECI	#301 24" DECI	#346X 20" DECI	#401 30" DECI
#44 28 DECI #29 29" DECI	#101 18" DECI	#168 18" CONI	#236 35" DECI #243 36" DECI	#311 26" DECI	#346Y 20" DECI	#402 30" DECI
#31 34" DECI	#106 18" DECI	#169 18" CONI #173 18" DECI	#243 36 DECI #231 37" DECI	#304 32" DECI #307 33" DECI	#344B 23" DECI	#395 31" DECI #406 31" DECI
#42 36" DECI	#105 19" DECI	#171 27" DECI	#227 40" DECI	#306 34" DECI	#340 25" DECI #346A 26" DECI	#397 32" DECI
#36 38" DECI #38 44" DECI	#102 21" DECI #112 24" DECI	#177 27" CONI	AREA R-11,800 SF	#305 37" DECI	#346A 26 DECI #343 27" DECI	#399 33" DECI
#38 44" DECI #32 55" DECI	#112 24 DECI #107 26" DECI	#172 28" DECI	AREA R-11,800 SF	#300 38" DECI	#346I 28" DECI	#407 34" DECI
	#103 29" DECI	#178 30" CONI #180 30" DECI	PINUS STROBUS	#299 42" DECI	#345C 30" DECI	#403 38" DECI #398 39" DECI
AREA D-7,446 SF	#109 29" DECI	#180 30 DECI #179 35" CONI	METASEQOIA	AREA V-16,136 SF	#345H 31" DECI #345D 32" DECI	#398 39 DECI #400 40" DECI
QUERCUS ALBA	#100 38" DECI #113 39" DECI	#167 36" DECI	GLYPTOSTROBOIDIES	QUERCUS ALBA & RUBRA	#345D 32" DECI #346B 33" DECI	n · · · ·
PINUS STROBUS QUERCUS RUBRA		AREA M-4,310 SF	QUERCUS ALBA	METASEQOIA GLYPTO	#345F 34" DECI	AREA AA-28,412 SF
QUERCUS RUBRA	AREA 1-4,735 SF	CARYA OVATA	TREE DIAMETER TYPE #251 11" DECI	BETULA NIGRA	#346D 34" DECI	QUERCUS ALBA
TREE DIAMETER TYPE	METASEQOIA	QUERCUS ALBA	#251 11" DECI #260 12" DECI	TREE DIAMETER TYPE #322 8" CONI	#342 36" DECI #345A 36" DECI	QUERCUS RUBRA CARYA OVATA
#50 9" DECI	GLYPTOSTROBOIDIES QUERCUS ALBA	TREE DIAMETER TYPE	#254 13" DECI	#320 21" DECI	#345A 36 DECI #345B 40" DECI	CARYA GLABRA
#49 10" DECI	TREE DIAMETER TYPE	#182 15" DECI	#255 13" DECI	#316B 22" DECI	#345G 40" DECI	TREE DIAMETER TYPE
#52 10" DECI #47 11" DECI	#121 9" DECI	#183 17" DECI	#248 14" CONI #247 15" CONI	#317 22" DECI	#346E 43" DECI	#410 8" DECI
#47 11 DECI #54 15" DECI	#124 10" DECI	#181 20" DECI #185 26" DECI	#247 15" CONI #253 15" DECI	#313 23" DECI #319 23.5" DECI	#346H 45" DECI	#419 15" DECI
#56 18" DECI	#115 11" DECI #118 11" DECI	#183 26 DECI	#246 16" CONI	#319 23.5" DECI #321 24" DECI	#346C 46" DECI #346G 50" DECI	#416 16" DECI #412 17" DECI
#48 20" DECI	#118 11" DECI #120 11" DECI		#244 20" DECI	#312 25" DECI	#346J 52" DECI	#412 17 DECI #423 20.5" DECI
#55 22" DECI	#123 11" DECI	AREA N-15,232 SF	#256 20" DECI	#315 28" DECI		#424 21" DECI
#57 22" DECI #58 24" DECI	#125 11" DECI	BETULA NIGRA	#258 23" DECI #252 25" DECI	#316 32" DECI		#427 22" DECI
#53 28" DECI	#114 12" DECI	CARYA OVATA QUERCUS RUBRA	#252 25" DECI #257 27" DECI	#316A 32" DECI #318 33" DECI		#417 25" DECI #425 26" DECI
#45 35" DECI	#122 12" DECI #116 14" DECI	TREE DIAMETER TYPE	#249 30" DECI	#314 40" DECI		#425 26" DECI #413 28" DECI
#46 36" DECI	#117 14" DECI	#200 11" DECI	#259 30" DECI			#414 30" DECI
#51 36" DECI	#119 15" DECI	#195 13" DECI	#250 44" CONI #245 46" DECI			#420 30" DECI
AREA E-4,911 SF		#196 14" DECI #194 20" DECI	#245 46" DECI			#409 34" DECI
QUERCUS ALBA & RUBRA		#194 20" DECI #192 22" DECI				#418 36" DECI #426 36" DECI
PINUS SYLVESTRIS		#197 23" DECI				#426 36 DECI #421 37" DECI
TREE DIAMETER TYPE		#199 24" DECI				#415 40" DECI
#59 9" DECI #63 20" DECI		#191 26" DECI #190 27" DECI				#408 43" DECI
#62 22" DECI		#190 27" DECI #193 32" DECI				#411 45" DECI #422 50" DECI
#61 24" DECI		#188 33" DECI				#722 50 BEG

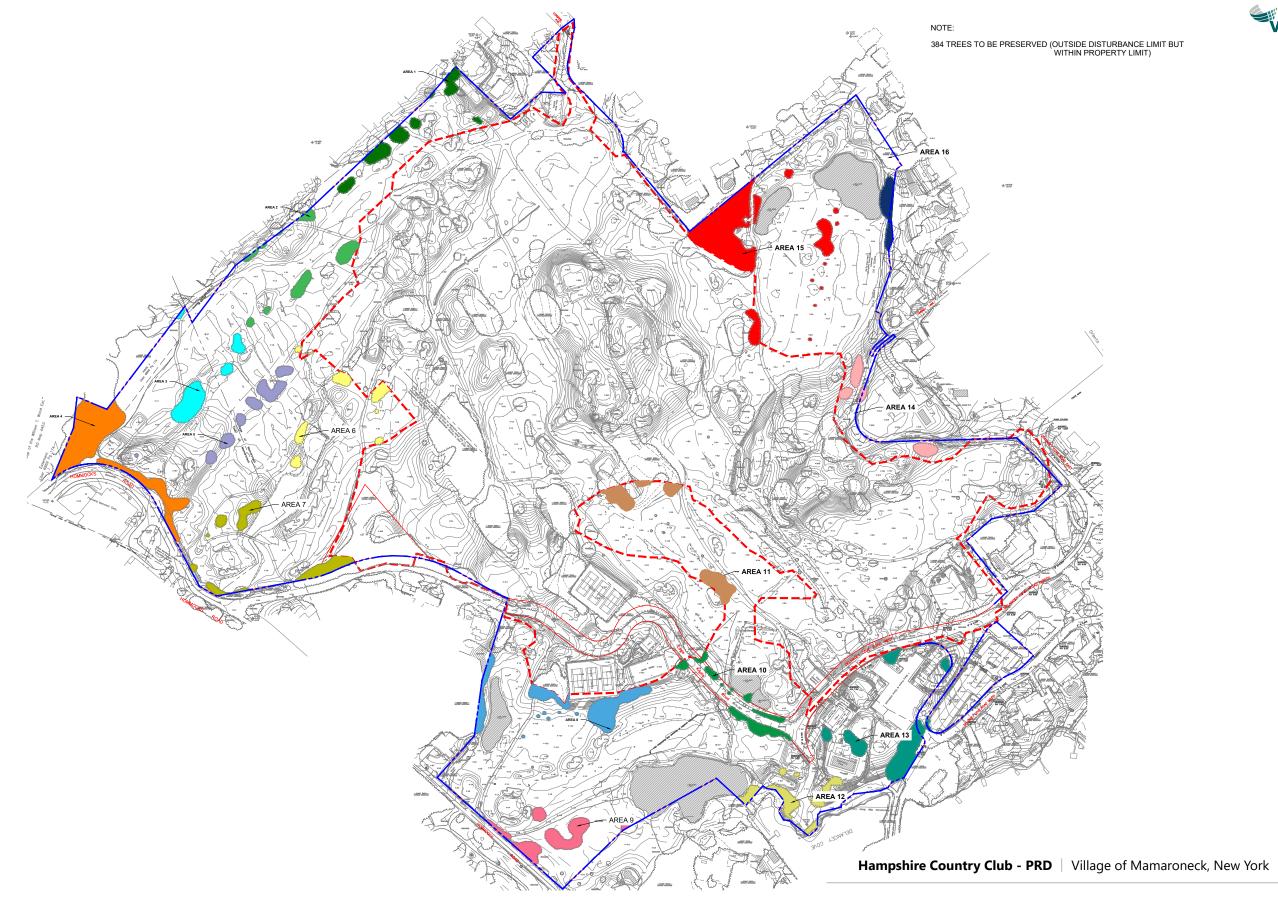
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SUMMARY								
SIZE	NO. OF TREES							
0"-10"	25							
11"-15"	86							
16"-20"	73							
21"-25"	66							
26"-30"	71							
31"-35"	46							
36"-40"	41							
41"-45"	16							
46"-50"	5							
51"-55"	3							
TOTAL	432							

Hampshire Country Club - PRD | Village of Mamaroneck, New York

Tree Removal Sorted Table







Trees to be Preserved Sorted Plan

LIST OF TREE TO BE PRESERVED (OUTSIDE OF DISTURBANCE LIMIT BUT WITHIN PROPERTY LIMIT)

	-11,801 SF	AREA 4-3	36,310 SF 📒	AREA 8-1	2,169 SF 📃	AREA 11-	16,145 SF	AREA 13-	19,160 SF	AREA 15-	-40,990 SF	AREA 16-14,994	SF
DIAMETER	TYPE	DIAMETER	TYPE	DIAMETER	TYPE	DIAMETER	TYPE	DIAMETER	TYPE	DIAMETER	TYPE	DIAMETER TYP	۶E
10"	DECI	7"	DECI	8"	DECI	9"	CONI	7"	DECI	7"	DECI	7" DEC	
14"	DECI	7"	DECI	9"	DECI	10"	DECI	8"	CONI	7"	DECI	7" DEC	
14"	DECI	8"	DECI	10"	DECI	10"	DECI	8"	DECI	7"	DECI	8" DEC	
15"	DECI	8"	DECI	11"	DECI	10"	DECI	8"	DECI	8"	DECI	8" DEC	
18"	DECI	8"	DECI	11"	CONI	12"	DECI	10"	DECI	9"	DECI	10" DEC	
18"	DECI	8"	DECI	12"	DECI	15"	DECI	12"	DECI	9"	DECI	10" DEC	
20"	DECI	10"	DECI	12"	DECI	15"	DECI	12"	DECI	9"	DECI	10" DEC	
20"	DECI		DECI	13"	DECI	16"	DECI	12"	DECI	9"	DECI	10" DEC	
	DECI	10"	DECI		DECI	17"	DECI	14"	DECI		DECI		
21"	DECI	10"	DECI	14"	DECI	17	DECI	14"	DECI	9"	DECI		
22"	DECI	10"	DECI	16"	DECI	18	DECI	14	DECI	9"	DECI		
26"	DECI	12"	DECI	16"	DECI		DECI		DECI	10"	DECI		
28"	DECI	12"	DECI	18"	DECI	18"	DECI	19"	DECI	10"	DECI		
29"		12"		18"		18"	DECI	20"	DECI	10"		12" CON	
30"	DECI	12"	DECI	18"	DECI	20"	DECI	20"	DECI	10"	DECI	12" DEC	
31"	DECI	12"	DECI	18"	DECI	20"	DECI	22"	DECI	10"	DECI	13" DEC	
		12"	DECI	18"	DECI	20"	DECI	22"		10"	DECI	14" DEC	
		12"	DECI	18"	DECI	22"	DECI	24"	DECI	12"	DECI	16" DEC	
AREA 2-	-9,862 SF 📃	14"	DECI	18"	DECI	22"		24"	DECI	12"	DECI	16" DEC	
DIAMETER	TYPE	14"	DECI	20"	DECI	22"	DECI	26"	DECI	12"	DECI	16" DEC	
10"	DECI	14"	DECI	20"	DECI	22"	DECI	26"	DECI	12"	DECI	16" DEC	
12"	DECI	16"	CONI	22"	DECI	24"	DECI	28"	DECI	12"	DECI	16" DEC	
12"	DECI	16"	DECI	22"	DECI	24"	DECI	28"	DECI	13"	DECI	17" DEC	
15"	DECI	16"	DECI	25"	DECI	24"	DECI	34"	DECI	13"	DECI	18" DEC	
16"	DECI	20"	DECI	25"	DECI	26"	DECI	40"	DECI	14"	DECI	20" DEC	
19"	DECI	32"	DECI	26"	DECI	26"	DECI	42"	DECI	14"	DECI	22" DEC	
21"	DECI			27"	DECI	26"	DECI	46"	DECI	14"	DECI	24" DEC	
21"	DECI					27"	DECI			14"	DECI	26" DEC	
23"	DECI	AREA 5-1	10,992 SF 📃			28"	DECI	📕 AREA 14-	12.083 SF 🗌	14"	DECI	30" DEC	0
25"	DECI	DIAMETER	TYPE	AREA 9-1	J,407 SF 📕	28"	DECI	_	. ' 🗕	14"	DECI		_
25	DECI	10"	DECI	DIAMETER	TYPE	30"	DECI	DIAMETER	TYPE	14"	DECI		
48"	DECI	17"	DECI	8"	DECI	30"	DECI	7""	DECI	15"	DECI		
40	DLCI	20"	DECI	8"	DECI	32"	DECI	8"	DECI	16"	DECI		
		20	DECI	9"	DECI	34"	DECI	8"	DECI	16"	DECI		
AREA 3-	-12,169 SF 🗾	21"	DECI	10"	DECI	35"	DECI	10"	DECI	18"	DECI		
		22"	DECI	10"	DECI		10 757 05	10"	DECI	18"	DECI		
DIAMETER	TYPE	24"	DECI	10"	DECI	AREA 12-	10,357 SF 📒	12"	DECI	19"	DECI		
7"	DECI	25"	DECI	11"	DECI	DIAMETER	TYPE	14"	DECI	20"	DECI		
8"	DECI	44"	DECI	12"	DECI	7"	DECI	18"	DECI	21"	DECI		
8"	DECI	44	DEOI	13"	DECI	7"	DECI	20"	DECI	23"	DECI		
8"	DECI			14"	DECI	7"	DECI	20"	DECI	24"	DECI		
10"	DECI	AREA 6-	7 080 SE	14"	DECI	7"	DECI	22"	DECI	24"	DECI		
10"	DECI		. –	14"	DECI	8"	DECI	22"	DECI	26"	DECI		
10"	DECI	DIAMETER	TYPE	15"	DECI	8"	DECI	25"	CONI	28"	DECI		
10"	DECI	10"	DECI	17"	DECI	9"	DECI	28"	DECI	28"	DECI		
10"	DECI	12"	DECI	26"	DECI	10"	DECI	28"	DECI	34"	DECI		
12"	DECI	14"	DECI	20	5201	10"	DECI	29"	DECI	37"	DECI		
12"	DECI	14"	DECI			10	DECI	33"	DECI	40"	DECI		
12"	DECI	14"	DECI	AREA 10-9	369 SF 🔳	11"	DECI	34"	DECI	42"	DECI		
12"	DECI	16"	DECI		_		DECI	50"	DECI	46"	DECI		
12"	DECI	17"	DECI	DIAMETER	TYPE	11"	DECI	-*	·				
12"	DECI	18"	DECI	10"	DECI	12"	DECI						
12"	DECI	20"	DECI	12"	DECI	12"							
13"	DECI	20"	DECI	12"	DECI	14"	DECI						
14"	DECI	20"	DECI	12"	DECI	14"							
14"	DECI	20"	DECI	12"	DECI	14"	DECI						
14"	DECI	22"	DECI	13"	DECI	14"	DECI						
14"	DECI	22"	DECI	13"	DECI	14"	DECI					SUMM	
14"	DECI	22"	DECI	14"	DECI	15"	DECI					301/11/1	
14"	DECI	24"	DECI	14"	DECI	15"	DECI					SIZE	NO.
15"	DECI	24"	DECI	14"	DECI	16"	DECI					JIZE	TR
16"	DECI	26"	DECI	14"	DECI	16"	DECI					0"-10"	8
16"	DECI	L 20		15"	DECI	16"	DECI					11"-15"	10
16	DECI			15"	DECI	18"	DECI						
16"	DECI	AREA 7-1	12,725 SF 🗾	15"	DECI	18"	DECI					16"-20"	8
	DECI	DIAMETER	TYPE	16"	DECI	18"	DECI					21"-25"	4
18" 28"	DECI			16"	DECI	18"	DECI					26"-30"	3
	DECI	7"	DECI	16"	DECI	20"	DECI						
29"	DECI	8"	DECI	17"	DECI	21"	DECI					31"-35"	1
		9"	DECI	18"	DECI	36"	DECI					36"-40"	
		9"	DECI	18	DECI							41"-45"	
		10"	DECI	20"	DECI								
		12"	DECI		DECI							46"-50"	
		12"	DECI	21"	DECI							51"-55"	(
				22"	DECI							TOTAL	
		12"	DECI	0.07								IUIAL	38
		12" 12"	DECI	22"									
		12" 12" 16"	DECI DECI	23"	DECI								
		12" 12" 16" 16"	DECI DECI DECI	23" 24"	DECI DECI								
		12" 12" 16"	DECI DECI DECI DECI	23" 24" 26"	DECI DECI DECI								
		12" 12" 16" 16"	DECI DECI DECI DECI DECI	23" 24" 26" 28"	DECI DECI DECI DECI								
		12" 12" 16" 16" 16"	DECI DECI DECI DECI DECI DECI	23" 24" 26"	DECI DECI DECI								
		12" 12" 16" 16" 16" 16"	DECI DECI DECI DECI DECI DECI DECI	23" 24" 26" 28"	DECI DECI DECI DECI							<u> </u>	
		12" 12" 16" 16" 16" 16" 17"	DECI DECI DECI DECI DECI DECI	23" 24" 26" 28"	DECI DECI DECI DECI							<u> </u>	

Hampshire	Country	Club -	PRD
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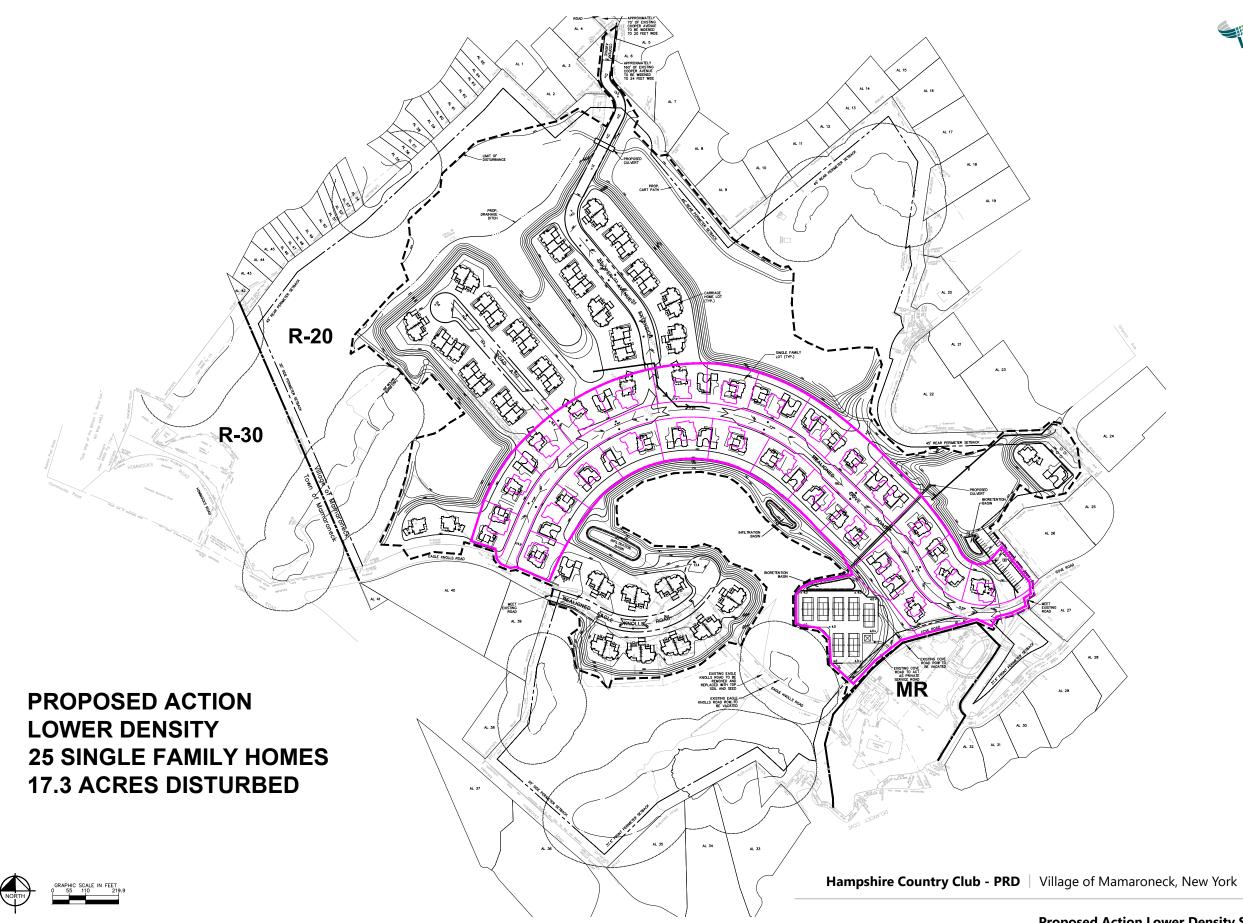


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SUMMARY							
ΖE	NO. OF TREES						
10"	87						
·15"	108						
·20"	88						
-25"	47						
-30"	33						
-35"	9						
40"	5						
-45"	3						
-50"	4						
-55"	0						
AL	384						

D Village of Mamaroneck, New York

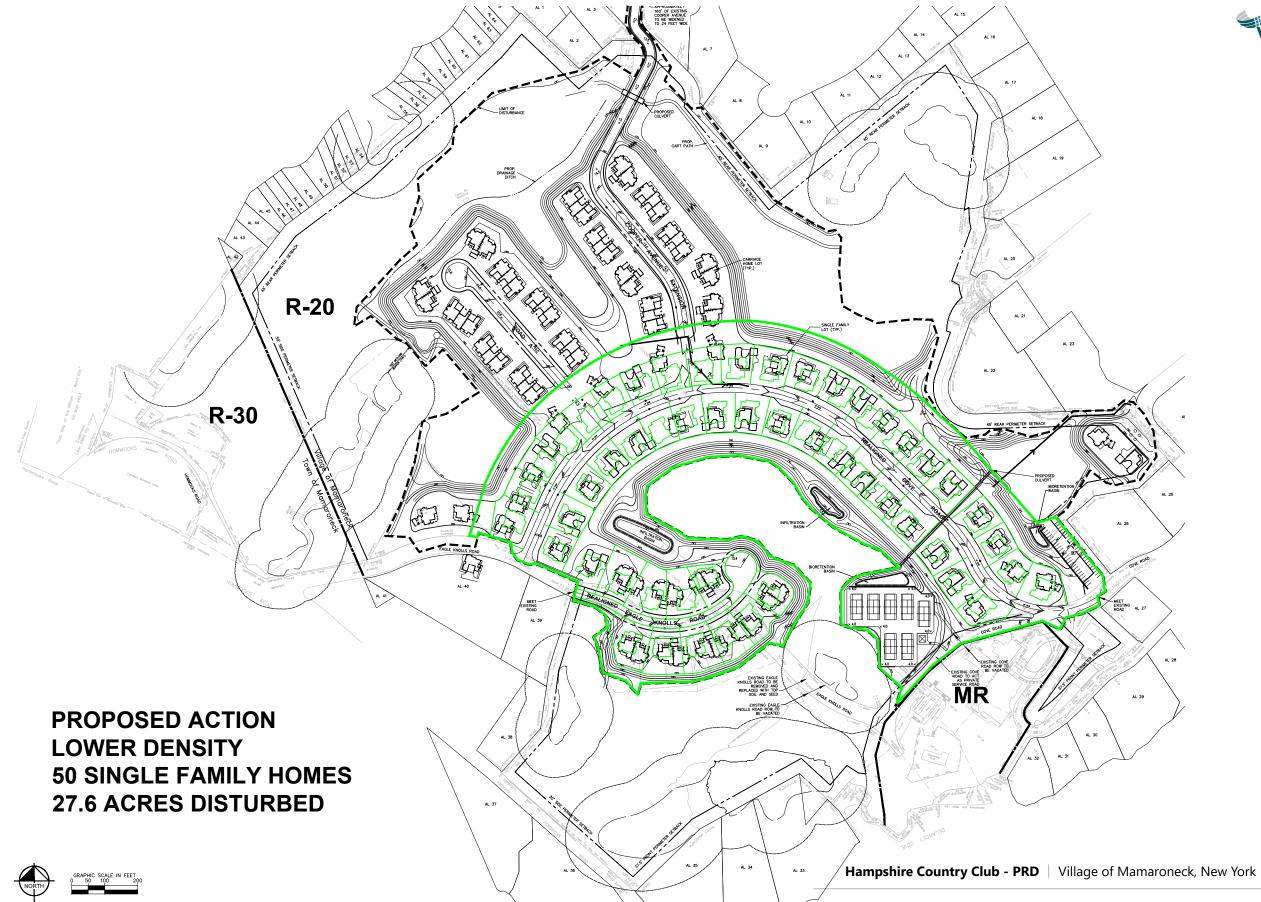
Trees to be Preserved Sorted Table





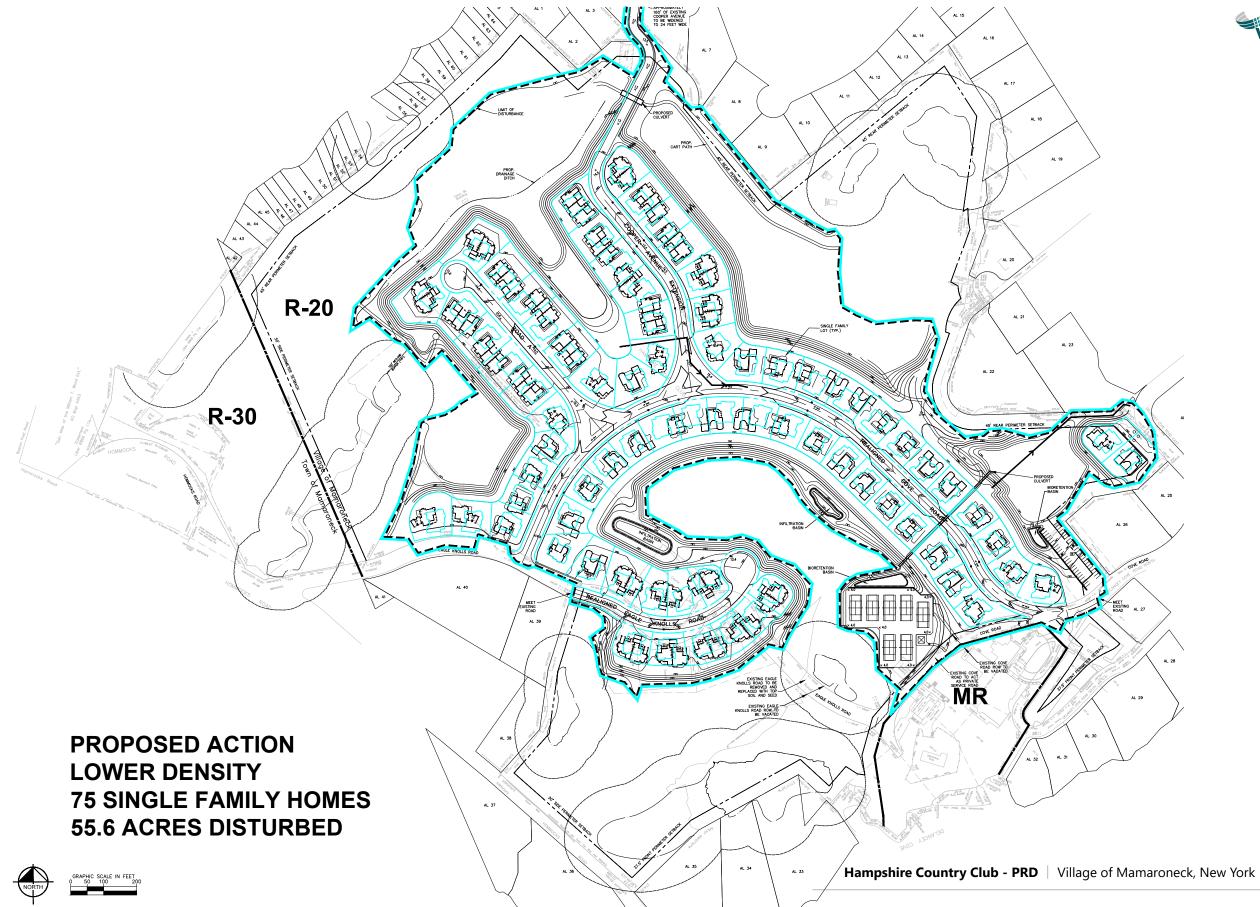


Proposed Action Lower Density Site Plan -25 Units



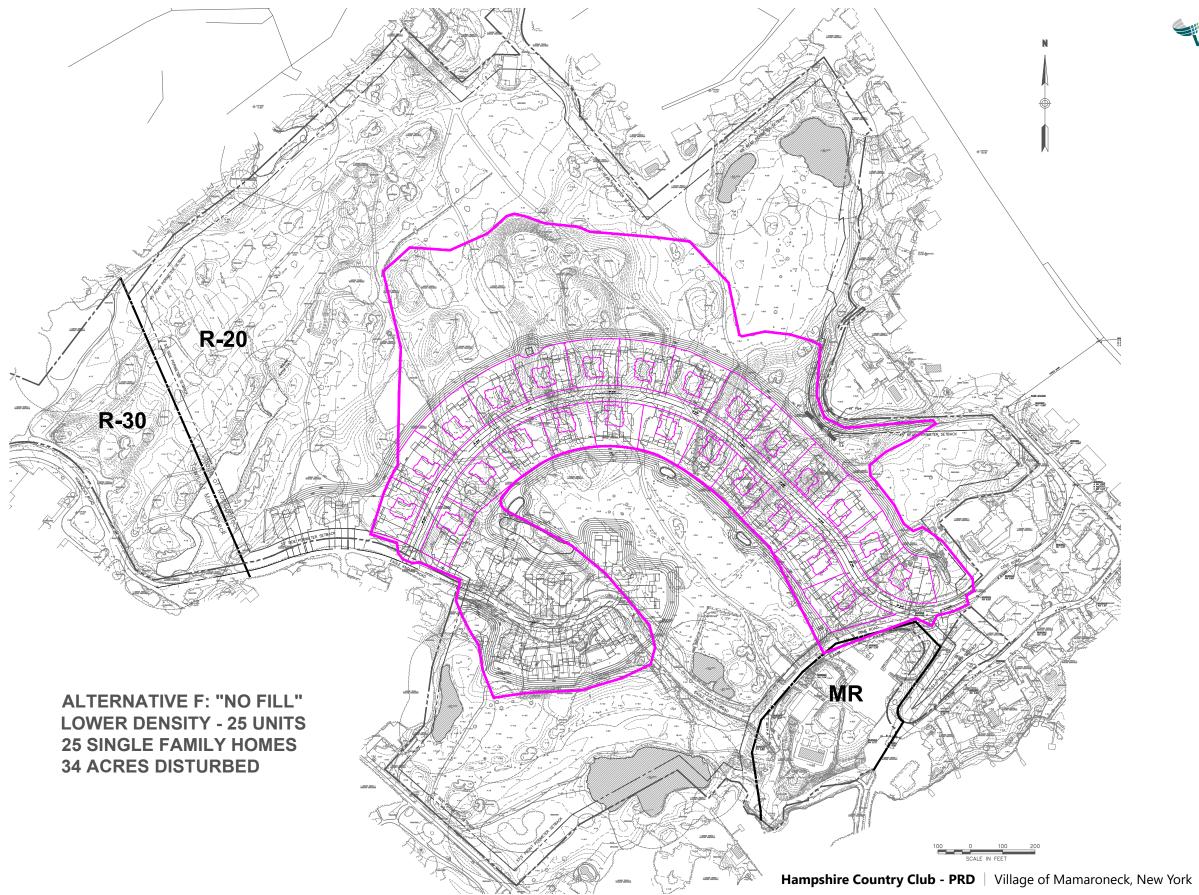


Proposed Action Lower Density Site Plan -50 Units



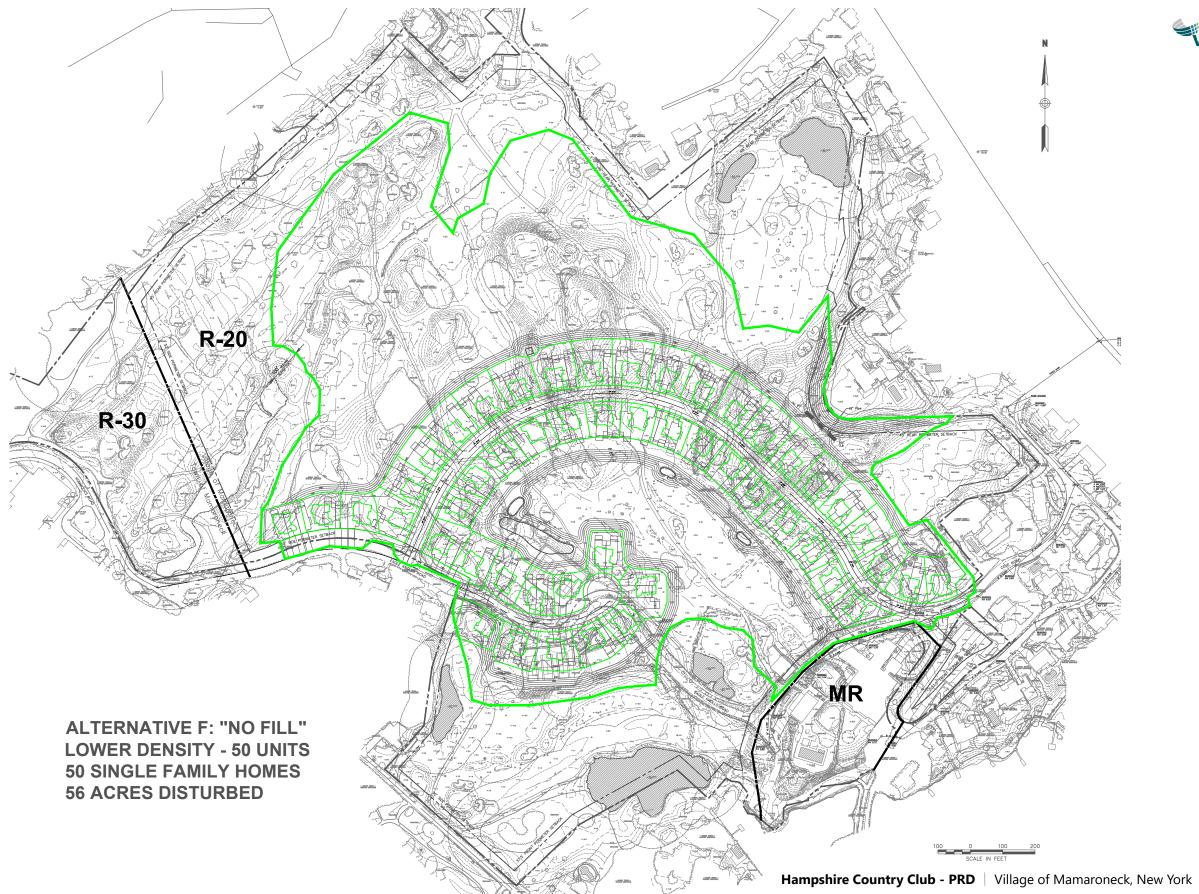


Proposed Action Lower Density Site Plan -75 Units



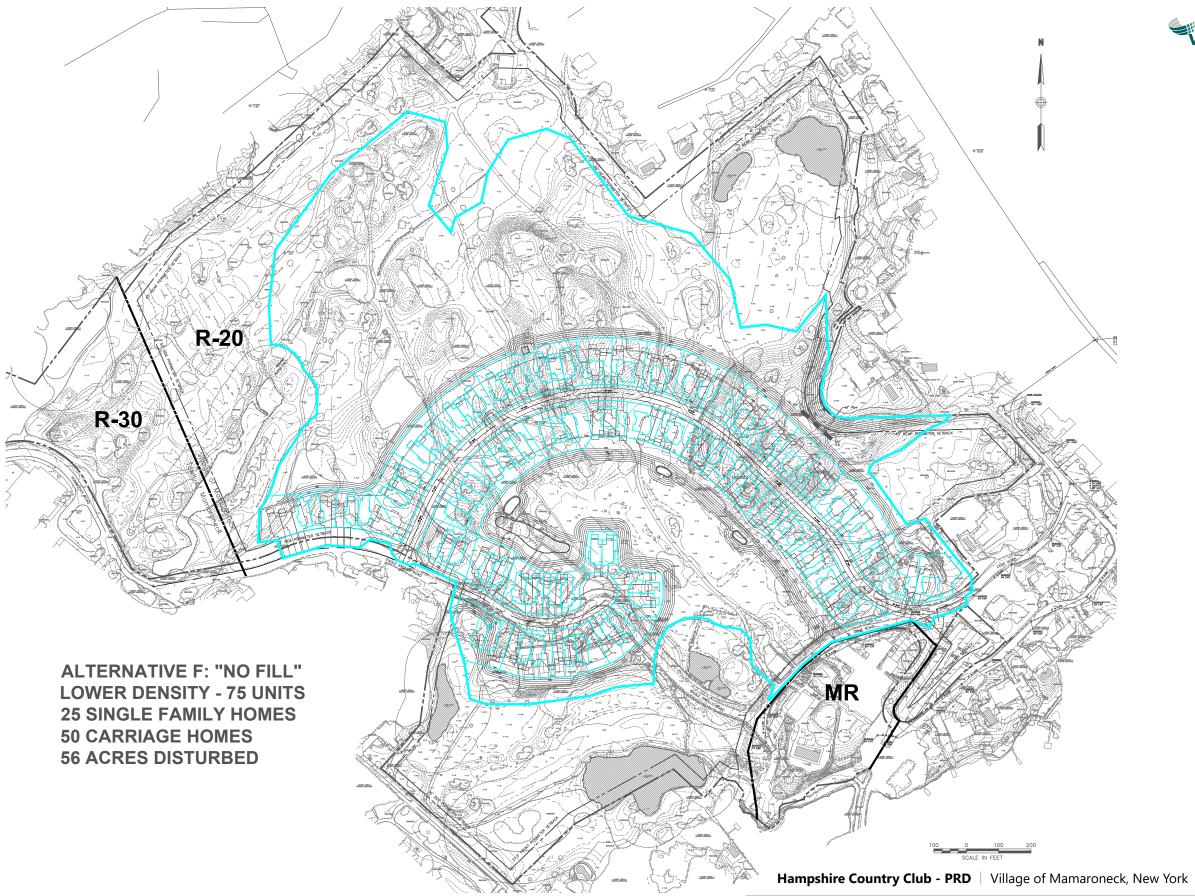


Alternative F Lower Density Site Plan -25 Units





Alternative F Lower Density Site Plan -50 Units





Proposed Action Lower Density Site Plan -75 Units



Photo Simulation 1: Two-story condominium from Delancey Cove



Photo Simulation 2: Three-story condominium from Delancey Cove



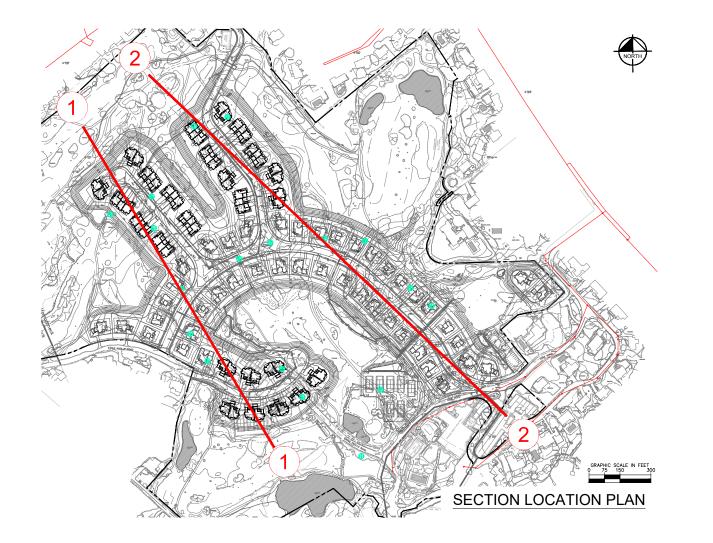
Photo Simulation 3: Four-story condominium from Delancey Cove

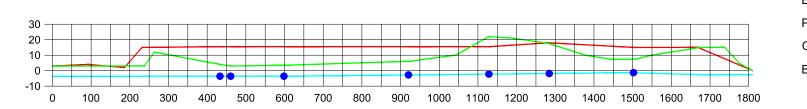


Vhb | Figure 17

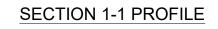
Hampshire Country Club - PRD | Village of Mamaroneck, New York

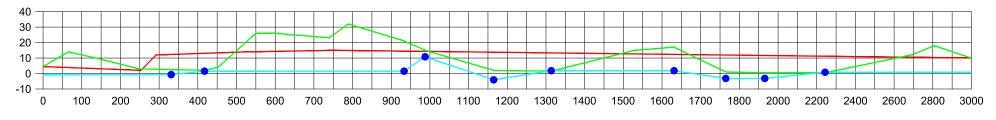
Alternative G Photo Simulations





LEGEND EXISTING SURFACE ELEVATION PROPOSED SURFACE ELEVATION GROUNDWATER ELEVATION BORING LOCATION



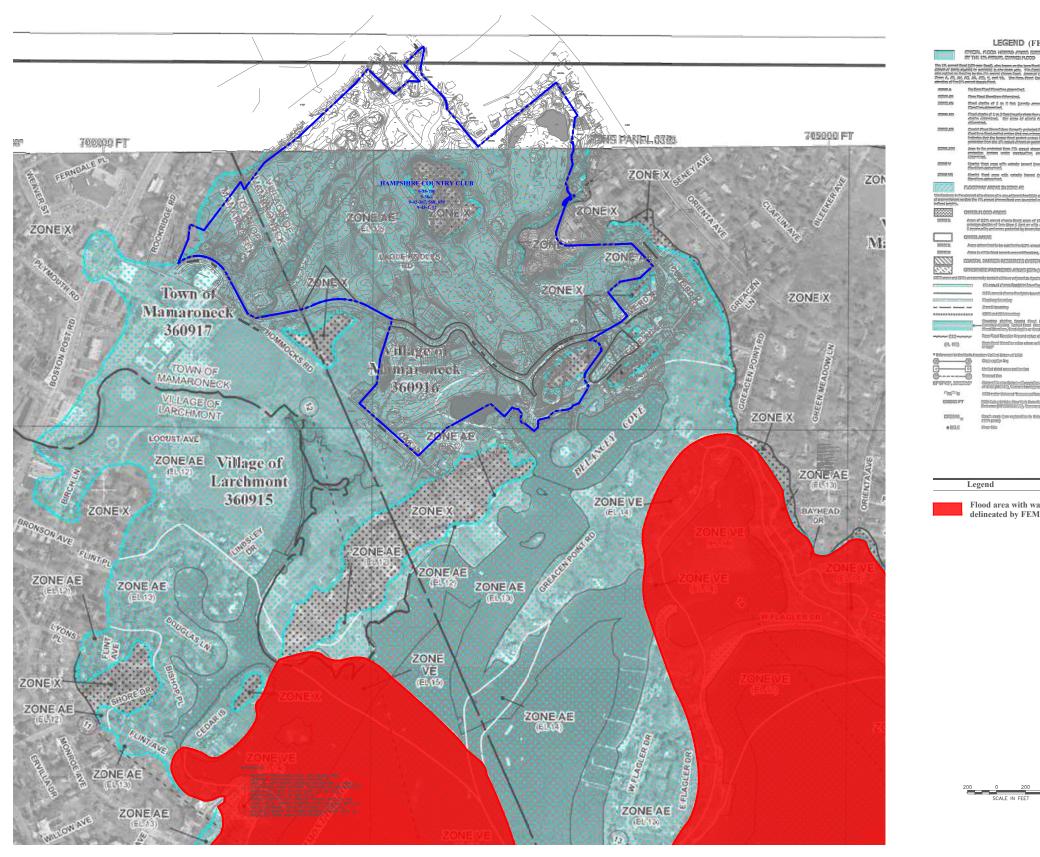


SECTION 2-2 PROFILE





Cross-Sectional Profile Plan



Hampshire Country Club - PRD | Village of Mamaroneck, New York



LEGEND (FEMA)

Elbert depine of 5 in 5 fms (armity arms of products lines Head Real states of 5 m 2 data basely states for an electron states are seen of electron states of electron states are stated as a state of electron state of electron states are stated as a state of electron state of electron states are stated as a state of electron state of electron states are states

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Control Ward yours with extends silet: m Des Dest Config field your with usinily insued (non-adiaty line front Destination descript).

FLOODTINNY AREAS \$120700 A

CONSTAL DARREST RE

CONTRACTOR DESCRIPTION AND ADDRESS AND ADDRESS ADDRESS

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- Comp. No.
- escesion Me
- Constitution of the
- COD-Cast of A Science Work
- Elinath conto () (2019 (2016)

Legend

Flood area with wave action delineated by FEMA



FEMA Waive Action (VE) Limit Plan

Hampshire Country Club Planned Residential Development Village of Mamaroneck, Westchester County, New York Final Environmental Impact Statement

Files added to:

Relevant Cases; Tax Forms

ţ.	ġ.						
	990	Return of Org Under section 501(c), 527	janization Ex(or 4947(a)(1) of the benefit trust or priv	Internal Reve	nue Code (exce		0MB No. 1545-0047 2007 Open to Public
	tmenillof the Treasury al Revenue Service	The organization may				equirements	Inspection
		dar year, or tax year beginnin	g 10/01	, 2007, and e	nding	09/30/20	08
B_	eck of applicable Please	C Name of organization				D Employer ide	ntification number
	change tabel or	HAMPSHIRE COUNTRY CL				13-17115	
	Name change print or type.	Number and street (or P O bo)	if mail is not delivered to	street address)	Room/suite	E Telephone m	
	Specific	HOMMOCKS ROAD				(914)698 F Accounting	Y
	Termination Instruc- Amended tions.	City or town, state or country, an MAMARONECK, NY 10543	10 2117 + 4				Cash X Accrual
	An a burnet a start	ction 501(c)(3) organizations and	4947(a)(1) nonexempt	charitable	H and I are not ap		
	tru	ists must attach a completed Sch HAMPSHIRECOUNTRYCLUB	edute A (Form 990 or 9		H(a) is this a grou H(b) if 'Yes," ente	•	
		eck only one) ► X 501(c) (7) ◄		l) or 527	H(c) Are all affiliate		
	Check here	if the organization is not a 509(a			(If "No," attac	h a list. See instruc	
1	eccipts are normally	not more than \$25,000 A return is n	ot required, but if the orga	inization chooses	H(d) is this a separa organization co	vered by a <u>gr</u> oup rulin	97 Yes X No
1	o file a return, be sure	to file a complete return			I Group Exemp	otion Number 🕨	·
							zation is not required
		ies 6b, 6b, 9b, and 10b to line 12 🕨		857,785.		B (Form 990, 990	-EZ, or 990-PF)
Pa		xpenses, and Changes In Net		ices (See the ir	structions.)	F - 1	<u></u>
		ons, gifts, grants, and similar amour		l1al			
		ic support (not included on line 1a)					
		blic support (not included on line 1)				-	
		nt contributions (grants) (not includ		1d			
		es 1a through 1d) (cash \$	noncash \$	·)	[1e]	
	2 Program s	ervice revenue including governme	nt fees and contracts (fro	m Part VII, line 9	3)	2	
	3 Membersh	ip dues and assessments	STMT. 1.			3	4,431,363.
<u> </u>	_	savings and temporary cash invest	ments STMT 2.			4	180.
2009						5	<u> </u>
2	6 a Gross rents					-	
ତ୍ୟ	b Less. renta	i expenses				6c	
0- g		stment income (describe >				7	
SCANNED SEI		unt from sales of assets other	(A) Securities	(8)	Other		
Öş		lory		8a			
12		or other basis and sales expenses		8b			
R.	C Gain or (lot	ss) (attach schedule)		8c	<u> </u>		
Ö	-	(loss). Combine line 8c, columns (/				8d	
QD		ents and activities (attach schedule		aming, check he	re 🕨 🛄		
		nue (not including \$ ns reported on line 1b) _ , , , , , ,	of	امما			
		t expenses other than fundraising e					
		or (loss) from special events Sub				90	
		s of inventory, less returns and allow			2,426,242.		
	b Less: cost	of goods sold		тов	530,318.		
		it or (loss) from sales of inventory					1,895,924.
	11-Other-reve	nue (from Part-Vil,"line 103)				11	
		nue Add lines 1e, 2, 3, 4, 5, 6c,					6,327,467.
51	13 Program se	ervices (from line 4) column (B))				13	
Expenses	14 Manageme	nt and ganesal (10m line 44, colum g (from line 44, courn (D)) to affiliates (attach squedule)	n (C))	• • • • • • • • •	•••••	14	_
ă.	16 Payments t	o affiliates (attacti solitedule)		• • • • • • • • •		16	÷
	17 Totalesp	enses Add lines 16 and 44, colum				17	6,192,562.
		deficit) for the year Subtract line 1					134,905.
\$\$6		or fund balances at beginning of y					2,709,001.
Net Assets	20 Other chan	ges in net assets or fund balances	(attach explanation)			20	
		or fund balances at end of year Co			<u></u>	21	2,843,906.
		perwork Reduction Act Notice, se	e the separate instruction	15.	ſ		Form 990 (2007)
JSA 7E1010 2 (1	107-07-150	•	24		A
	69756E M26	•	V07-8.7 152	v	0 `		4

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Forn	n 990 (2007)			13-1	711520	Page 2
Pa	rt II Statement of All or	ganiza	tions must complete colum		and (D) are required for s	
	Functional Expenses organi			nonexempt charitable tru	sts but optional for other	
	Do bot include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	I Grants paid from donor advised funds (attach schedule)					
	(cash \$ nóncash \$					
	If this amount includes foreign grants, there is a second se	22a				
22t	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$					
	If this amount includes foreign grants,	<u>22b</u>				
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24				
25a	Compensation of current officers,					
	directors, key employees, etc. listed in					
	Part V-A	25a	NONE			
	Compensation of former officers,					
	directors, key employees, etc. listed in					
_	Part V-B	25b				
Q	Compensation and other distributions, not includ- ed above, to disqualified persons (as defined	1				
	under section 4958(f)(1)) and persons described					
76	In section 4958(c)(3)(B)	25c				
20	-	0.0	0 470 757			
17	included on lines 25a, b, and c Pension plan contributions not	26	2,478,757.		·	
21	included on lines 25a, b, and c	27	46.054			
78	Employee benefits not included on	<u> </u>	46,954.	: 	<u> </u>	
20	lines 25a - 27	28	E 60 057			
29		29	562,957.	·		
	Payroll taxes Professional fundraising fees	30	316,543.			
31	Accounting fees	31	17,500.	· · · · · · · · · · · · · · · · · · ·		<u>_</u>
32	Legal fees	32	9,527.			
33	Supplies	33	156,992.			
34	Telephone	34	24,316.			
35	Postage and shipping	35	14,368.			
+ -	Occupancy	36	55,000.			
37	Equipment rental and maintenance	37	388,181.			
38	Printing and publications	38	7,878.	· · · · · · · · · · · · · · · · · · ·		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	405,554.			
42	Depreciation, depletion, etc. (attach schedule)	42	9,866.			
43	Other expenses not covered above (itemize).					
a	STMT_4	43a	1,698,169.			
b		43b				
c		43c			·	
d	·	<u>43d</u>				
e		43e		· · · · · · · · · · · · · · · · · · ·		
f		431				
9		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
<u>.</u>	13-15),		<u>6,192,562.</u>	<u></u>	l	
	nt Costs. Check ► If you are follow	-		- 4 - La	_	
	any joint costs from a combined educational				ogram services?	
	es," enter (i) the aggregate amount of these join the amount allocated to Management and ger			-	ated to Program services	<u> </u>
_	and amount anonated to Management alto Bet	teral 1		, and (w) the attrouble a	modated to Fundraising \$	Form 990 (2007)
JSA						Form 330 (2007)

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For	m 990 (2007)	13-17	11520	Page 3
Pa	Int III Statement of Program Service Accomplish			
par on	m 990 is available for public inspection and, for ticular organization. How the public perceives an its return Therefore, please make sure the retur grams and accomplishments	organization in such cases may be d	determined by the	information presented
Wh	at is the organization's primary exempt purpose?	AX EXEMPT CLUB ACTIVITIES		Program Service
All of c	organizations must describe their exempt purpose achi- clients served, publications issued, etc. Discuss achieve anizations and 4947(a)(1) nonexempt charitable trusts mi	evements in a clear and concise manner. ments that are not measurable (Section	State the number 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а				
	(Grants and allocations \$) If this amount includes foreign grants	s, check here 🕨	
b				
	(Grants and allocations \$) If this amount includes foreign grants	s, check here 🕨	
C				
				
đ	(Grants and allocations \$) If this amount includes foreign grants		
u	·			
	(Grants and allocations \$) If this amount includes foreign grants	s, check here 🕨 🚺	
е	Other program services (attach schedule)			
	(Grants and allocations \$) If this amount includes foreign grants	<u> </u>	
	Total of Program Service Expenses (should equal	line 44, column (B), Program services)	<u> </u>	

Form 990 (2007)

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					3-1711520		Page 4
Р	art IV	Belance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nın t	he description	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing	214,099.	45	125,709.		
	46	Savings and temporary cash investments	63,240.	46	63,390.		
	47a	Accounts receivable	7a	1,047,284.			
	b	Less. allowance for doubtful accounts	7ь	121,500.	833,246.	47c	925,784.
	48.9	Pledges receivable	8 a				
	Ь	Less allowance for doubtful accounts	ВЬ			48c	
		Grants receivable				49	
		Receivables from current and former officers, d					
		key employees (attach schedule)				50a	
	Ь	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 4958(c)	(3)	(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach					
ssets		schedule)	1a				
L SS	ь	Less allowance for doubtful accounts 51	1 b '			51c	
		Inventories for sale or use			113,035.		<u>154,674</u> .
		Prepaid expenses and deferred charges			175,278.		130,071.
	54a	Investments - publicly-traded securities	►∟	Cost FMV _		54a	
		Investments - other securities (attach schedule)	۲L	_]Cost FMV		54b	
	55a	Investments - land, buildings, and					
		equipment basis	5a				
	þ	Less accumulated depreciation (attach					
		schedule)				55c	
		Investments - other (attach schedule)				56	
		Land, buildings, and equipment basis	7a	8,205,067.			
	Þ	Less: accumulated depreciation (attach		154 000	0 050 100		0 050 100
		schedule)	/ D	154,877.	8 <u>,050,190</u> .	5/6	8,050,190.
	58	Other assets, including program-related investments			708,653.		700 051
	6.0	(describe ► Total assets (must equal line 74) Add lines 45 through	ah	<u>STMT 6</u>)	10,157,741.		<u>708,051</u> . 10,157,869.
_		Accounts payable and accrued expenses			1,006,025.		1,241,322.
	61	Grants payable ,			1,000,020.	61	1,211,322.
	62	Deferred revenue				62	
	1	Loans from officers, directors, trustees, and k					
Labilities		schedule)				63	
Ĩ	64a	Tax-exempt bond liabilities (attach schedule)				64a	
Ца	ь	Mortgages and other notes payable (attach schedule)			6,091,170.		5,868,003.
		Other liabilities (describe ►			351,545.	1	204,638.
_	66	Total liabilities. Add lines 60 through 65		<u></u>	7,448,740.	. 66	7,313,963.
_	Orga	anizations that follow SFAS 117, check here \blacktriangleright x	and	d complete lines			
		67 through 69 and lines 73 and 74.				F	
Ces	67	Unrestricted			2,709,001.		2,843,906.
an	68	Temporarily restricted		1		68	
Balances	69	Permanently restricted				69	
Fund	Orga	nizations that do not follow SFAS 117, check here 1 complete lines 70 through 74.					
ш. -	70	Capital stock, trust principal, or current funds				70	
		Paid-in or capital surplus, or land, building, and equip				71	
set	72	Retained earnings, endowment, accumulated inc		r i i i i i i i i i i i i i i i i i i i		72	
Net Assets	73	Total net assets or fund balances. Add lines 61			· · ·		· · · · ·
		70 through 72. (Column (A) must equal line 19					
		equal line 21)			2,709,001	73	2,843,906.
	74	Total llabilities and net assets/fund balances. Add li			10,157,741		10,157,869.
JS	A						Form 990 (2007)

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Forn	n 990 (2007)		<u>13-17</u> 1152	20	Page 5
Pa	rt IV-A	Reconciliation of Revenue per Audited Fi instructions.)		its With Revenu	e per Return (Se	ee the
a	Total rev	renue, gains, and other support per audited financi	al statements		a	6,857,785.
b		s included on line a but not on Part I, line 12:				
1		alized gains on investments				
2	Donated	services and use of facilities		b2		
3	Recover	les of prior year grants		<u>b3</u>		
4	Other (s	pecify) <u>SEE STATEMENT 9</u>			530,318.	
	Add line:	s b1 through b4			b	530,318.
C		line b from line a				6,327,467.
d	Amounts	s included on Part I, line 12, but not on line a:				
1	Investme	ent expenses not included on Part I, line 6b		<u>d1</u>		
2		pecify)'				
					·	
	Add line:	s d1 and d2			· · · · · · [a]	
ê		venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Audited Fi			<u>····▶e</u>	6,327,467.
	rt IV-B					6,722,880.
a	•	penses and losses per audited financial statements			· · · · · · · · · · · · · · ·	0,722,000.
Ь		s included on line a but not on Part I, line 17		b1		
1	Donated	services and use of facilities	• • • • • • • • • •			
2	Prior yea	ar adjustments reported on Part I, line 20		<u>b3</u>		
3	Losses	reported on Part I, line 20	• • • • • • • • • •	· · · · B		
4	Other (s	Decity)		b4	530, 318.	
		s b1 through b4				530,318.
-		line bi from line a				6,192,562.
c d		s included on Part I, line 17, but not on line a:		• • • • • • • • • • •		
u.	Investme	ent expenses not included on Part I, line 6b		a 1		
1	Other (c)	pecify)		••••		
2				ומנו		
	Add lines				d	
<u>e</u>	Total ex	s d1 and d2				6,192,562.
Pa	rt V-A	Current Officers, Directors, Trustees, and I		•		r, director, trustee,
		or key employee at any time during the year even				
		(A) Name and address	(8) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		· · · · · · · · · · · · · · · · · · ·	week devoted to position		compensation plane	
<u>SE</u>	<u>E_ATTAC</u>	CHED SCHEDULE				[
			3.00	<u>NONE</u>		<u>s none</u>
						·
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			4			ļ
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						Form 990 (2007)

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	90 (2007) 13-1711520			Page	6
Par	t V-A Gurrent Officers, Directors, Trustees, and Key Employees (continued)	_ Y	es	No	,
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings				
Þ	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	5b		x	
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"	5c		<u>x</u>	
d	Does the organization have a written conflict of interest policy?	'5d		Х	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
Partial Other Information (See the instructions.)				Yes No

F a			• • •	
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	785	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	x	
ь	If "Yes," enter the name of the organization > _ESTATE APPRAISAL & VALUATION CO., INC			
	and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions)			
<u>b</u>	Did the organization file Form 1120-POL for this year?	81b		X

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Form 990 (2007)

Form 990 (2007) 13-1711520		Page
Part VI Other Information (continued)		Yes No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no o	charge	
or at substantially less than fair rental value?	82a	
b If "Yes," you may indicate the value of these items here. Do not include this amount		
as revenue in Part I or as an expense in Part II (See instructions in Part III)	.	
as revenue in Part for as an expense in Part in (See instructions in Part in 7,		
• • • • • • • • • • • • • • • • • • • •		
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	••••	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	••••	
b If "Yes," did the organization include with every solicitation an express statement that such contribution		<u>.</u>
gifts were not tax deductible?		N/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
if "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organ	ization	
received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	<u>A</u>	
d Section 162(e) lobbying and political expenditures N/2	A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<u>A</u>	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85/?	85g	N/A
h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line		
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
85 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities	E	
87 501(c)(12) orgs Enter: a Gross income from members or shareholders 87 a N/		
b Gross income from other sources. (Do not net amounts due or paid to other		
sources against amounts due or received from them) , , ,		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation		
•		
partnership, or an entity disregarded as separate from the organization under Regulations sections	í.	
301 7701-2 and 301 7701-3? If "Yes," complete Part IX		
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within		
meaning of section 512(b)(13)? If "Yes," complete Part XI	Þ 886	
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.		
section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>	į	
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit trans	÷ •	
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes,"	attach .	
a statement explaining each transaction	89b	A/N
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		
sections 4912, 4955, and 4958N/.	<u>A</u>	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	shelter	
transaction?		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance col	ntract? 89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did		
supporting organization, or a fund maintained by a sponsoring organization, have excess business ho	oldings	
at any time during the year?		N/A
90 a List the states with which a copy of this return is filed		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	905	48
	· · · · .	
	19-050-1	040
Located at <u>HOMMOCKS ROAD, MAMARONECK, NY</u> ZIP+4 105	1.5	
a an		Yes No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	are.	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
and Financial Accounts	ŧ	

Form 990 (2007)

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Form 990 (20					13-	-1711520	Page 8
Part VI	Other Information (continue						Yes No
	y time during the calendar year,	-		ain an off	fice outside	of the United States?	
	es," enter the name of the foreign					<u></u>	
	on 4947(a)(1) nonexempt chant						
	enter the amount of tax-exempt in			_			N/A
Part VII							(E)
Note: Enter indicated.	gross amounts unless otherwise		lated business inc	ome	<u> </u>	/ section 512, 513, or 514	Related or
		(A) Business code	(B) Amount		(C) Exclusion code	(D) Amount	exempt function
-	am service revenue						
	· ·						
	·						
e							
f Medica	are/Medicaid payments						
g Fees a	and contracts from government agencies .						
94 Memt	pership dues and assessments						4,431,363.
95 Interes	t on savinge and temporary cash investments 🔹 -	900001		180.			
	ends and interest from securities						
	ental income or (loss) from real estate		l				T
	financed property					<u> </u>	
	ebt-financed property						
	ital Income or (loss) from personal property						
	r (loss) from sales of assets other than inventory						
	come or (loss) from special events .						1
	profit or (loss) from sales of inventory , .	713910	. 251	1,602.			1,644,322.
	revenue: a						
d	······						
е							
	otal (add columns (B), (D), and (E)).		25:				6,075,685.
	(add line 104, columns (B), (D), and (105 plus line 1e, Part I, should equal to			••••		· · · · · · · • •	6,327,467.
	Relationship of Activities			of Exem	not Purpos	es (See the instructi	ions.)
Line No.	Explain how each activity for wh						
▼	organization's exempt purposes (o	ther than by p	providing funds fo	r such pu	rposes).		
94 &	DUES AND INCOME FROM	MEMBERS	, THEIR DE	PENDEN	NTS OR G	UESTS TO	
102	PROVIDE FOR THEIR PL	EASURE A	ND RECREAT	ION.			
		···· ·					
					A		
PartIX	Information Regarding Tax (A)	adle Suds		isregar			
	Name, address, and EIN of corporation.		(B) Percentage of	Nature	(C) of activities	(D) Total income	End-of-year
	partnership, or disregarded entity		ownership interest			170 100	assets
	STMT 11		<u>%</u>				1,612,681.
			%				
	····	_					
Part X	Information Regarding Tra	nsfers Ass		Persona	ni Benefit (Contracts (See the in	
	e organization, during the year, recen						
	he organization, during the year						
	'Yes" to (b) , file Form 8870 and F						

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Form 990 (2007)

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106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. (A) (A) (B) (C) (O) (A) (B) (C) (O) (B) (C) (D) (D) (C) (D) (D) (D) (C) (D) (D) (D) (C) (D) (D) (D) (C) (D) (D) (D) (D) (D) (D) </th <th>Form 990 (200</th> <th></th> <th></th> <th></th> <th></th> <th>Page 9</th>	Form 990 (200					Page 9
196 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity. (A) (A) (B) (C) (O) (A) (B) (C) (D) (C) (C) (D) (D) (C) (D) (D) (D) (C) (D) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D)	Part XI	Information Regarding controlling organization	Transfers To and Fro as defined in section 5	orn Controlled Entities. Comp 12(b)(13).	olete only if the organ	
Name, address, of each controlled entity Employer identification Number Description of transfer Amount of transfer a Totals Image: solution of transfer Image: solution of transfer b Totals Image: solution of transfer Image: solution of transfer 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/P Image: solution of transfer Image: solution of transfer Image: solution of transfer a Image: solution of transfer Image: solution of transfer a Image: solution of transfer Image: solution of transfer a Image: solution of transfer Image: solution of transfer a Image: solution of transfer Image: solution of transfer a Image: solution of transfer Image: solution of transfer b Image: solution of transfer Image: solution of transfer b Image: solution of transfer Image: solution of transfer b Image: solution of transfer Image: solution of transfer c Image: solution of transfer Image: solution of transfer b Image: solution of transfer Image: solution of transfer c Image: solution of transfer Image: solution o					ection 512(b)(13) of	Yes No
b		Name, address, of each	Employer Identification	Description of		nsfer
c Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/2 108 Name, address, of each controlled entity (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	a					
Totals 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Name, a(A) Employer Identification Description of transfer N/D Amount of transfer Amount of transfer Amount of transfer a						
Yes 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A (A) (A) (C) (C) Name, address, of each Employer Identification Description of transfer (D) a Controlled entity Number (C) (D) a Amount of transfer Amount of transfer b Controlled entity Number (C) a Controlled entity Number (D) b Controlled entity Number (D) c Controlled entity Number (D) a Controlled entity Number (D) a Controlled entity Number (D) c Controlled entity Number (D) c Controlled entity Number (D) c Controlled entity Number (D) (D) dial sold pergraphic transfer Number (D) (D) (D) dial soft pergratis and pergration of pergravities of pergration contrac	c					
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A (A) (A) (B) (C) (D) Name, address, of each controlled entity Employer Identification Description of transfer (D) Amount of transfer a		Totals				
Name, address, of each controlled entity Employer identification Number Description of transfer (D) Amount of transfer a					section	Yes No N/A
b		Name, address, of each	Employer Identification	Description of		nsfer
c Totals Totals Totals Yes 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Please Under benaties of perjury, i debine that I have examined this return, including accompanying schedules and statements and to the best of my know and belief, is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know and belief, is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know and belief, is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know and belief. Please Date Check if sender Sign Here Preparer's signature Preparer's signature Preparer's signature Primes name (or yours) rise and title Condon of measure incomplete NCGINTY & DONNELLY I. EIN 13-3628255 ONE BATTERY PARK PLAZA Phone no 212-661-7777 2000	a					
Totals Totals Yes 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities rescribed in question 107 above? Under benaties of perjury, i declare that I have examined this return, including accompanying schedules and statements and to the best of my know and balled, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Please Other penaties of perjury, i declare that I have examined this return, including accompanying schedules and statements and to the best of my know Please One penaties of perjury, i declare that I have examined this return, including accompanying schedules and statements and to the best of my know Sign Date Date Please Date Date Jost Proparer's signature Condon of meaner (of yours) Firm's name (or yours) CONDON of meaner (NCGINTY & DONNELLY I, EIN) 13-36282555 ONE BATTERY PArk PIAZA Phone no) 212-661-7777	ь 					
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes 108 Under penatiles of perjury, i declare that I have examined this return, including accompanying schedules and statements) and to the best of my know and belief, is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know and belief. Image: Check if self-reparer's signature of officer Please Sign Here Preparer's signature Preparer's signature Condon of means including including accompleter (other than officer) is based on all information of which preparer has any know and the best of my know and the	c					
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities percribed in question 107 above? N/Z Please Under penaities of perjury, i declare that I have examined this return, including accompanying schedules and statements) and to the best of my know and belief, i is true, correct ord complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Please Under penaities of perjury, i declare that I have examined this return, including accompanying schedules and statements) and to the best of my know and belief, i is true, correct ord complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Sign Sensitive of officer June Date Preparer's Preparer's signature Preparer's Condon of means Accountry & DonnelLy I Preparer's Condon of means Accountry & DonnelLy I Self- Phone no 212_661_77777 ONE BATTERY PARK PIAZA		Totals				
Please Sign Here and belief, is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know Sign Here Sensiture of officer Date Preparer's Use Only Preparer's signature Date Preparer's Use Only Preparer's signature CONDON O MEARO MCGINTY & DONNELLY I. Preparer's SSN or PTIN (See Gen In Self- self-		nts, royalties, and annuities	spescribed in question 107	above?		
Paid Preparer's Use Only Preparer's signature CONDON O 'MEARP MCGINTY & DONNELLY L Check if self- self- mployed Preparer's SSN or PTIN (See Gen In P00183769 Condon o 'MEARP MCGINTY & DONNELLY L EIN 13-3628255 ONE BATTERY PARK PIAZA Phone no 212-661-7777	Sign	and belief, r is true, correct a		parer (other than officer) is based on all in	formation of which preparer has	of my knowledge any knowledge
Preparer's Use Only signature / Firm's name (or yours if self-employed), address, and ZIP + 4 CONDON O MEARS ACGINTY & DONNELLY L EIN 13-3628255 ONE BATTERY PARK PIAZA Phone no 212-661-7777	 Paid	Type or print name and tit		1 1#	Preparer's SSN or PTIN (S	ee Gen Inst X)
Balless, sho 211 + 4 V ONE BATTERT PARA VEDACA	Preparer's	Firm's name (or yours		INTY & DONNELLY L	EIN 13-3628	255
\dots			IEW YORK, NY	V 10004-1405	212-001	m 990 (2007)

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FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS

DESCRIPTION	AMOUNT
MEMBERSHIP DUES INITIATION FEES CAPITAL IMPROVEMENT ASSESSMENT CAPITAL LONG RANGE ASSESSMENT GOLF COURSE RENOVATION ASSESSMENT	3,531,693. 75,000. 188,606. 633,664. 2,400.
TOTAL	4,431,363.

STATEMENT 1

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FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION	AMOUNT
INTEREST INCOME	180.
TOTAL	180.

STATEMENT 2

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13-1711520

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FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

	TS INVENTORY GOODS SOLD		57. 453, 657.		10. 10.	118. 530,318.
	CS OTHER COSTS		453, 657.	76, 651.		 530, 318,
SALARUES	SES AND WAGES					
BEGINNING	INVENTORY PURCHASES					
NT 946	GROSS SALES INVEN	2,426,242.				2,426,242.
	DESCRIPTION	GROSS SALES	COST OF FOOD	COST OF BEVERAGE	OTHER	TOTALS

TOTALS

69756E M261

V07-8.7 1520

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STATEMENT 3

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FORM 990, PART II - OTHER EXPENSES

TOTAL	7, 705. 8, 201. 22, 519. 22, 519. 22, 719. 22, 715. 32, 125. 25, 200. 25, 249. 26, 185. 26, 185. 26, 185. 29, 444. 29, 444. 29, 216. 12, 775. 13, 775. 14, 125. 14, 125. 14, 125. 14, 125. 12, 725. 13, 762. 14, 125. 14, 125.
DESCRIPTION	FOOD & BEVERAGE CLUBHOUSE GOLF COURSE GOLF PRO GOLF PRO OTHER SPORTS PAYROLL PROCESSING FEE UTILITIES INSURANCE REAL ESTATE TAXES NUTLITIES INSURANCE REAL ESTATE TAXES A & G GOLF CART RENTALS TENNIS & POOL LAUNDRY, LINENS & UNIFORMS FLOWERS MUSIC & ENTERTAINMENT RETUSE REMOVAL MARKETING LICENSES SPECIAL PURPOSE FUND CAPITAL EXPENDITURES COMMITTEE EXPENSES TOURNAMENTS CHINA, GLASS & SILVERWARE DATA PROCESSING EDUCATION & CONFERENCES PARKING SERVICE BRIDGE & YOUTH EXPENSES CHEMICALS OTHER PROFESSIONAL FEES BAD DEBT LOCKER ROOM

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FORM 990, PART II - OTHER EXPENSES

NOIT
SCRIF
DES

TOTAL

TOTALS

1,698,169.

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CLIENT: HAMPSHIRE COUNTRY CLUB, INC. EIN: 13-1711520 FOR THE YEAR ENDED: 09/30/08

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DEPRECIATION TAX SCHEDULE

		ASSETS		4	ACCUMULATED	ACCUMULATED DEPRECIATION	
KIND OF PROPERTY	BEGINNING BALANCE	ADDITIONS RETIREMENTS(R) SALE(8)	ENDING BALANCE	ALLOWED (OR ALLOWABLE) IN PRIOR YEARS	DEPRECIATION CLAIMED THIS YEAR	DEDUCTIONS RETIREMENTS(R) SALE <u>S(S)</u>	ENDING BALANCE
LAND	301,278		301,278				
CLUBHOUSE IMPROVEMENTS	4,865,936		4,865,936	154,877			154,877
GOLF COURSE RENOVATIONS	984,445		984,445				
POOL AND TENNIS	1,898,531		1,898,531				
		:					
EQUIPMENT CAPITAL LEASES	154,877		154,877				
TOTAL	8,205,067	0	8,205,067	154,877	0		154,877

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13-1711520

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FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

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UNAMORTIZED MORTGAGE COSTS DUE FROM ESTATE APPRAISAL INITAITION FEES RECEIVABLE

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TOTALS

478,665. 51,808.

708,051.

69756E M261

STATEMENT 6

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FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: LENDER: NOTE PAYABLE ORIGINAL AMOUNT: 1,000,000. DATE OF NOTE: 04/01/2007	
BEGINNING BALANCE DUE	
LENDER: LENDER: MORTGAGE PAYABLE ORIGINAL AMOUNT: 4,986,486. INTEREST RATE: 6.990000 DATE OF NOTE: 03/15/2007 BEGINNING BALANCE DUE ENDING BALANCE DUE	
LENDER: LENDER: LINE OF CREDIT ORIGINAL AMOUNT: 150,000. INTEREST RATE: 9.250000 DATE OF NOTE: 04/01/2007	
BEGINNING BALANCE DUE	
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	6,091,170.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	5,868,003.

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STATEMENT 7

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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		ENDING BOOK VALUE
ADVANCE DEPOSITS UNEARNED INITIATION FEE INCOME		75,796. 128,842.
	TOTALS	204,638.

STATEMENT 8

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13-1711520

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FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

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COST OF GOODS SOLD

AMOUNT

530,318.

530,318.

TOTAL

STATEMENT 9

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

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AMOUNT

COST OF GOODS SOLD

530,318.

TOTAL

530,318.

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HAMPSHIRE COUNTRY CLUB

COVE ROAD. MAMARONECK. NEW YORK 10543 TEL. (914) 698-4610 FAX. (914) 698-2559

Officers

President Vice President (1st) Vice President (2nd) Treasurer Secretary Stan Brettschneider Ed Pomeranz Warren Lesser Don Perl Fred Cohen Ricky Braunshweiger Howard Fine Michael Goldberg Howard Greenberg Robert Kestenbaum Barry Kupferberg Susan Levy Herb Posner Edward Sussi James Berger

Directors/Trustees

Addressc/o theTime Devoted1-3 heCompensationNoneExpense AllowanceNoneContributions to Employee Benefit PlanNone

c/o the Club 1-3 hours/week None None

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- INFORMATION REGARDING TAXABLE SUBSIDIARIES FORM 990, PART IX

ENDING	1,612,681.	-170, 122. 1, 612, 681.
TOTAL INCOME	-170,122.	-170,122.
NATURE OF BUSINESS ACTIVITIES		
PERCENTAGE OWNERSHIP INTEREST	100.00000	NCOME
NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	ESTATE APPRAISAL & VALUATION 13-2526121	TOTAL INCOME

69756E M261

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Form 8868 (Rev April 2008) *	Application for Extension of Time To File an Exempt Organization Return	OMB No. 1545-1709
Department of the Treasury Internal Revenue Service	File a separate application for each return	
 If you are filing for a 	n Automatic 3-Month Extension, complete only Part I and check this box	.
• If you are filing for a Do not complete Part II	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the inless you have already been granted an automatic 3-month extension on a previously file and the second s	is form) ed Form 8868
Part I Automatic 3	-Month Extension of Time. Only submit original (no copies needed).	
A corporation required Part I only · · · · · ·	to file Form 990-T and requesting an automatic 6-month extension - check this box and ∞	omplete
All other corporations (time to file income tax i	including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a eturns	n extension of

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Electronic Filing (effie). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Туре ог	Name of Exempt Organization	Employer Ide	ntification number
print	HAMPSHIRE COUNTRY CLUB, INC.	13-171:	1520
File by the	Number, street, and room or suite no. If a P O, box, see instructions		
due date for	HOMMOCKS ROAD		
filing your retum See	City, town or post office, state, and ZIP code For a foreign address, see instructions		
Instructions	MAMARONECK, NY 10543	-	. _ _
Check type o	f return to be filed (file a separate application for each return).		
X Form 99) Form 990-T (corporation) For	m 4720	
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) For	m 5227	
Form 990	EZ Form 990-T (trust other than above) For	m 6069	
Form 990	-PF Form 1041-A For	m 8870	
• The books	are in the care of THE CLUB		
Telephone	No. ▶ <u>914 698-4610</u> FAX No. ▶		
• If this is fo for the whole		and attach a	
names and El	Ns of all members the extension will cover		
until	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension05/15 ,2009 ,to file the exempt organization return for the organization r ganization's return for		The extension is
▶□	calendar year or		
► X	calendar year or tax year beginning 10/01, 2007 , and ending	<u>09/30,2</u>	0 <u>08</u> ·
2 If this tax	year is for less than 12 months, check reason 📃 Initial return 📃 Final return	Change in a	accounting period
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	dable credits. See instructions		ia \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p clude any prior year overpayment allowed as a credit.		ib \$
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required		
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	em).See	
Instructio			ic \$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 8	379-EO
for payment in			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	For	m 8868 (Rev 4-2008)

Form 8868 (Rev 4-2008)

1

Form 8868 (Rev 4-2008)	Pa	ge 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	- l'	хJ
Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	8868.	
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 		

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy. Type or print Name of Exempt Organization Employer Identification number HAMPSITE COUNTRY CLUB, INC. 13-1711520 Number, street, and room or suite no. If a P O. box see instructions. For IRS use only HOMMOCKS ROAD Interview For IRS use only HOMMOCKS ROAD Interview For IRS use only City, town or post office, state, and ZIP code. For a foreign address, see instructions. For IRS use only MARANECK, NY 10543 Form 990-PF Form 900-FF Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. Telephone No ▶ 914 699-4610 FAX No. ▶ If this is for a Group Return, enter the organization's four digt Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digt Group Exemption Number (GEN) If this star year is for less than 12 months, check reason Initial return Final return If it us tary part is for less than 12 months, check reason Initial return Final return
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File by the decided in the step of
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Instructions MAMARONECK, NY 10543 Check type of return to be filed (File a separate application for each return) Form 990 Form 990-FF Form 1041-A Form 1041-A Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870 Form 990-EZ Form 990-T (trust other than above) Form 4720 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ THE CLUB Telephone No ▶ 914 698-4610 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If this is for all members the extension is for 4 I request an additional 3-month extension of time until 08/15/2009 Initial return Change in accounting period 5 For calendar year or other tax year beginning 10/01/2007 and ending 09/30/2008 E 6 If this application is for Form 990-BL, Sp0-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application i
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 If the organization does not have an office or place of business in the United States, check this box
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provide with Form 9869
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See
instructions8c \$
Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form
$/ \left\{ \right\}_{\lambda} \left\{ \right\}$ Accountants Authorized
Signature > to prepare tax returns Date MAY 1 1 2009
CONDON O'MEARA MCGIN & DONNELLY L Form 8868 (Rev 4-2008)
ONE BATTERY PARK PLAZA

NEW YORK, NY 10004-1405

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Hampshire Country Club Planned Residential Development Village of Mamaroneck, Westchester County, New York Final Environmental Impact Statement

G Preliminary Construction Work Plan



PRELIMINARY CONSTRUCTION WORK PLAN

Hampshire Country Club Planned Residential Development Village of Mamaroneck, New York

August 2018

Prepared for: Hampshire Recreation LLC 60 Cutter Mill Road

Great Neck, NY

Prepared by: Michael W. Junghans, PE 1 N. Lexington Ave White Plains, NY 10601



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Appendix 5 – Blasting Guidlines

Appendix 6 – Site Plans

1. Introduction

This Preliminary Construction Management Plan CWP has been prepared to provide contractor responsibilities and expected project execution steps for construction of the proposed development and the safeguards to protect the environment, adjacent property owners and Village residents. The following provides expectation to be satisfied prior to the start of construction and during performance of construction. The CWP provides the following:

- Project contacts
- Construction Phasing
- Preconstruction requirements
 - o Staking of Limit of Disturbance
 - o Soil Erosion controls
 - o Tree Protection
 - o Preconstruction Photos
 - o Public Outreach
 - Preconstruction Coordination
- Record Keeping
- Site Security
- Construction Truck Traffic
- Construction Health and Safety
- Material Handling
- Tree Removal
- Soil Erosion Measures
- Rock Removal
- Construction Noise

2. Project Description

The site is located in the southern portion of the Westchester County in the Village of Mamaroneck and Village of Mamaroneck, NY. It's also situated just north of the Long Island Sound. Currently, the subject site consists of a golf course and a club house. The site is approximately 94.5 acres (R-20 zone) of which approximate 2.7 acres is impervious. The rest are golf course, overgrown and grass areas.

The project will redevelop the current Hampshire Country Club by converting a portion of the existing 18 hole golf course into a planned residential development (PRD) containing 44 unit of single family subdivision and 61 unit carriage homes. The remainder of the golf course will be converted to a nine hole golf course surrounding the residential development starting and ending at the existing club house which will be maintain in the finished condition.

Kimley *Whorn*

3. **Project Contacts**

The following is the contact information for the project representatives, project contractor, and responsible municipal oversight.

Owner:

Hampshire Recreation LLC

Contractor: TBD

c/o New World Realty Advisors, LLC 60 Cutter Mill Road, Ste. 513 Great Neck, NY 11021 Contact: Dan Pfeffer (646) 723-4750 dpfeffer@nwradvisors.com

Village of Mamaroneck **Building Department:**

Kimley-Horn of New York PC 1 N. Lexington Avenue, Suite 1575 White Plains, NY 10601 Contact: Michael Junghans, PE (914) 368-9189 Mike.Junghans@kimley-horn.com

Environmental Engineer:

GZA GeoEnvironmental 104 West 29th Street, 10th Floor New York, NY 10001 Contact: Steve Kline, PE (212) 594-8140 stephen.kline@gza.com

Civil and Traffic Engineer:

(914) 825-8758

Village of Mamaroneck

Engineering Department:

Village of Mamaroneck

Mamaroneck, NY 10543

hdealmeida@vomny.org

169 Mount Pleasant Avenue

Contact: Hernane De Almeida

Kimley-Horn of New York PC 1 N. Lexington Avenue, Suite 1575 White Plains, NY 10601 Contact: Michael Junghans, PE (914) 368-9189 Mike.Junghans@kimley-horn.com

4. Construction Phasing

Construction activity for the proposed development will be performed by first excavating, grading and filling to establish development sites for single family and carriage homes. Next utilities will be installed within the streets followed by placement of road bed and sidewalks. The housing will then be constructed on finished lots followed by surface treatments including topsoil and seeding, and driveways.

Based on the size of the site work must be performed in phases to minimize the area of disturbance at any given time. Excavation and filling activities will be performed in two steps; Step 1). Establishment of realigned Cove Road and single family lots, and Step 2). establish three extensions to realigned Cove Road including Cooper Road extension, realigned Eagle Knolls Road and Road A. This approach establishes the central spine of the project providing the connection between Cove Road and Eagle Knolls Road and establishment of the core utilities for the project within realigned Cove Road. Soil disturbance activities will minimize total area of soil disturbance to 5 acres or less at any given time. The 5 acres increments and the expected progression of work is shown on the Construction Phasing Plan attached as Appendix 1.

Once construction of the proposed development commences, it is estimated for Step 1 that there will be approximately 24 soil fill trucks per day (on a five-day per week schedule) for the first 9 months of construction. During the initial 9 months excavation and filling activities will be performed to construct realigned Cove Road and adjacent single family lots. Following establishment realigned Cove Road, the number of soil fill trucks will begin to diminish to 3 or 4 trucks per day in Step 2 of the project.

In Step 2 of soil excavation and filling activities, soil import will continue at a reduced rate to establish Cooper Road Extension, realigned Eagle Knolls Road and Road A. During this period construction of the single family homes on realigned Cove Road will commence. After Step 2 soil excavation and filling activities complete, housing construction will commence in those areas. Housing would be constructed when there is a buyer and it is anticipated that about 20 units would be constructed yearly.

The exact construction schedule is contingent on the build out rate of the homes; therefore, the duration of the construction period and the final build-out date are unknown at this time.

5. **Preconstruction Requirements**

The following requirements must be completed prior to start of construction activities to the satisfaction of the Village Engineer and Building Department representatives.

5.1 STAKING OF LIMIT OF DISTURBANCE

Prior to implementation of any site disturbance activities, the contractor shall stake the limit of disturbance for the project providing labeled survey stakes in 50-foot intervals along the limit of disturbance for the project. Following staking of the limit of disturbance, the contractor shall notify the Village Engineer and project Civil Engineer to allow inspection of he staked limit. Any field conditions that warrant adjustment of the limit of disturbance as shown on the engineering drawings shall be communicated to the Village Engineer and project civil engineer to resolve discrepancy.

5.2 SOIL EROSION CONTROLS

Soil erosion controls shall be implemented prior to the disturbance of any soil. Soil erosion control measures will based on the requirements of the New York State Department of Environmental Conservation ("NYSDEC") Standards and Specifications for Erosion and Sediment Control, latest edition, and the engineering drawings for the project.

Erosion control measures shall be implemented to minimize or control erosion on site. These include but not limited to silt fence, straw bale, inlet protection, stabilized construction entrance, concrete truck washout area and stock pile area. Fencing will shall be placed around trees to be protected. Other site preparation including setting up of staging area, construction fence, temporary access road.

Controls shall be tailored to the limit of disturbance of construction and be adjusted as construction progresses through the project. Any soil disturbing activities shall be accompanied by the required soil erosion control measures. The Contractor will be required to coordinate with the project civil engineer prior to start of soil disturbance activities the placement movement of soil erosion measures.

The project engineer in accordance with NYSDEC requirements, will provide for inspections of soil erosion measures by a qualified inspector prior to the start of soil disturbance activities. Inspections will be documented by field notes and site photos and will provide a summary of observations, work being performed and corrective actions required. The inspections reports will be provided to the contractor, project owner and Village MS4 and will be available at the Village for review by the public.

Erosion control measures shall be implement to minimize or control erosion on site. These include but not limited to silt fence, straw bale, inlet protection, stabilized construction entrance, concrete truck wash-out area and stock pile area. Fencing will shall be placed around trees to be protected. Other site preparation including setting up of staging area, construction fence, temporary access road.

5.3 TREE PROTECTION

Prior to the start of any soil disturbance, the contractor is required to install all tree protection measures in the vicinity of the proposed area of disturbance in accordance with the engineering drawings. The contractor shall coordinate inspection of the installed tree protection measures by the project civil engineer and Village Engineer.

Tree protection measures shall be inspected on a weekly basis by the project civil engineer to ensure adequacy with ongoing construction activities and recommend adjustments and additions.

5.4 **PRECONSTRUCTION PHOTOS**

Prior to the start of and construction activities the contractor shall photo document the following:

- all on site areas proposed to be disturbed
- Cove Road from the Site out to Orienta Avenue
- Cooper Road from the Site to Old Boston Post Road

- The entirety of Eagles Knoll Road
- Hommocks Road from Eagle Knolls Road to Route 1.

The photos will serve as documentation of conditions to compared to post construction condition to access impact to approach roads to site. Copies of photos shall be provided in hard copy and electronic form to the Village to be available for public review.

5.5 PUBLIC INFORMATION

The contractor shall provide to the Township engineer weekly summaries of upcoming construction activities including construction traffic routing and proposed days and hours of construction for posting by the Village on the Village website.

5.6 **PRECONSTRUCTION COORDINATION**

Prior to start of any construction activities, the contractor shall schedule a preconstruction meeting to present the proposed project approach, schedule and responsible parties during construction. The following shall attend the preconstruction meeting:

- Village Engineer
- Village site inspector
- Project civil engineer
- Contractor representative
- Contractor Site Supervisor
- Owner representative

During the meeting the following shall be discussed at a minimum:

- Project contacts
- Emergency response
- Weekly construction meetings
- Shop drawing review protocol
- SWPPP inspections
- Tree removal
- Soil import documentation
- Construction traffic parking
- Construction traffic routing

The Contractor will be responsible to document notes during the pre-construction meeting and distribute to all meeting attendees.

6. Record Keeping

The contractor will be responsible to perform record keeping for the project throughout the development process. Documentation shall be made available to the Village as requested in hard copy or electronic format. The following at a minimum shall be maintained:

- Engineering Documents: Hard copies of all current engineering drawings and specifications shall be maintained by the contractor for the duration of the project and be available for review by the project team and Village representatives at the project trailer.
- **Project Schedule:** The contractor shall maintain the project schedule and update on a weekly basis.
- As Built Plans: The contractor shall maintain all as-built documentation and perform survey of installed improvements where necessary to document variations in the as-built condition. The contractor will be responsible to utilize collected as-built information to provide a AutoCAD as-built survey of the project documenting all constructed improvements for submission to the Town.
- Impact Soil Relocation Report: The contractor shall maintain documentation of the relocation of identified impacted soil on site into the development platform. The report shall provide area of removal and deposition. Collected documentation shall be sufficient to provide the horizontal and vertical limits of the deposition of impacted soil and the institutional controls deloyed to prevent potential exposure in the future.
- Soil Import Documentation: The contractor shall maintain manifests for all soil fill imported to the site including volume, origin of material and required quality documentation. The contractor shall maintain copies of all meeting notes for the duration of the project and be available for review by the project team and Village representatives as requested.
- **Dust Monitoring Report**: The contractor shall maintain all dust monitoring reports and distribute weekly summaries to the Village indicating and exceedances and resulting corrective action. The contractor shall maintain copies of all meeting notes for the duration of the project and be available for review by the project team and Village representatives as requested.
- Shop Drawings and Requests for Information: The contractor shall be responsible for the documentation, distribution and follow up of initial and reviewed shop drawings to the project team. The contractor shall provide an on-line site for to access all shop drawings accessible to the project team and Village representatives.
- **Construction Stake out:** All survey stake out cut sheets prepared by the contractor's surveyor shall be maintained by the contractor for the duration of the project and be available for review by the project team and Village representatives.
- **Construction Meeting Notes:** The Contractor shall be responsible to document notes during weekly construction meeting and distribute to all meeting attendees and Village representatives. Notes shall be either available in hard copy or electronic format. The contractor shall maintain

copies of all meeting notes for the duration of the project and be available for review by the project team and Village representatives as requested.

• **Construction Photos:** The contractor shall maintain daily pictures of construction activities to document the progress of the project. The contractor shall maintain copies of construction photos for the duration of the project and be available for review by the project team and Village representatives as requested.

7. Site Security

The contractor will be required to provide secure all active areas of construction to prevent unwanted access to the construction site. All active work areas shall be enclosed by a temporary construction fence of a minimum height of 6 feet with controlled access points maintained by the contractor. Signage shall be provided including contractor and emergency contact information and direction for site visitors to report to the construction trailer and sign in with site personnel.

The contractor shall provide video cameras at each access point to the site to monitor incoming and outgoing traffic and access to the site. Cameras shall record 24 hours a day and be connected to a central location that provides a minimum, of one week of video back-up.

8. Construction Truck Traffic

All construction trucks accessing the Project Site will be required to use I-95, exiting at either Exit 17 (to and from the south) or Exit 19 (to or from the north) to use Boston Post Road (US Route 1) to get to and from Hommocks Road and Eagle Knolls Road. There will be no truck access allowed via Orienta Avenue or East Cove Road. When school is in session, truck access to the Project Site will only be permitted between 8:15 am and 2:30 pm, as well as between 4:00 pm and 7:00 pm. Construction truck routes are depicted in Exhibit 2-19.

9. Construction Health and Safety

The proposed project will require the on-site excavation, handling and relocation of soil identified to be impacted with contaminates. To safeguard worker health a Construction Health and Safety Plan (CHASP) has been prepared for the proposed activities and is attached in Appendix 2.

The CHASP addresses measures to minimized worker exposure to impacted soil by contact, inhalation and ingestion through worker education, establishment of safety protocols, hazard response, and implementation of active dust monitoring. Each worker, contractor employee or subcontractor, involved in management of impacted material will be required to review the CHASP and acknowledge their understanding of the document requirements and expectations.

The CHASP provides a dust monitoring program that will be implemented during construction to minimize dust generated from impacted soil and provide mitigation measures. Based on the site specific levels of contaminated soil, airborne dust monitoring levels that require a response, Action Levels, have been developed to safeguard on site and downwind receptors. If an action level is reached, the contractor is

required to perform stipulated mitigation steps to reduce dust levels. Dust monitoring will be performed upwind to establish back ground levels and downwind to assess impact of construction activities. Dust monitoring data will be electronically logged and summaries will be provided to the Village on a weekly basis.

10. Material Handling

In addition to the above CHASP, the contractor must implement the a Material Handling Plan (MHP) developed for the project to provide a protocol for quality review imported soil, movement and placement of impacted on site soil and installation of institutional controls to isolate identified impacted material. The project does not seek to remove any impacted soil from the site. A copy of the MHP is attached as Appendix 3.

The attached MHP provides testing requirements of off site soil sources proposed to be utilized as on-site fill. All soil import sources will be required to provide soil testing data from a certified laboratory that the import soil is free of contamination and meets required engineering properties. Testing data will be required to be submitted and approved by the project geotechnical engineer and Village engineer before being allowed to commence import. The contractor will be responsible to keep records of the location of placement of each soil source within the fill area phase.

The attached MHP also provides handling requirements for CHASP addresses measures to minimized worker exposure to impacted soil by contact, inhalation and ingestion through worker education, establishment of safety protocols, hazard response, and implementation of active dust monitoring. Each worker, contractor employee or subcontractor, involved in management of impacted material will be required to review the CHASP and acknowledge their understanding of the document requirements and expectations.

11. Tree Removal

Prior to removal of trees, the contractor shall mark all trees adjacent to the limit of disturbance to be removed by marking them with an "X" in paint. The contractor shall notify the Village Engineer and project civil engineer to inspect the marked trees. The contractor shall then obtain a written approval from the Village Engineer to allow implementation of tree removal. All tree material shall be removed from the site and shall not be used as backfill or stored on site. The tree removal plan is included as Appendix 4

12. Soil Erosion Measures

The SPDES General Permit GP-0-15-002 requires that the owner/operator be responsible for inspecting and maintaining the erosion control practices implementing on site. The owner/operator must document compliance with the permit throughout the entire construction process.

A) Inspection

- The owner/operator shall have a qualified inspector inspect all erosion and sediment control practices to ensure their integrity and effectiveness throughout the entire construction process.
- The qualified inspector shall perform inspection at least once every seven (7) calendar days. If construction work includes soil disturbance of greater than five (5) acres, qualified inspector shall conduct at least two (2) site inspections every seven (7) calendar days with minimum separation of two (2) full calendar days.
- Within one business day of the completion of an inspection, the qualified inspector shall notify the owner/operator and appropriate contractor or subcontractor of any corrective actions shall be taken.
- The qualified inspector shall prepare an inspection report in accordance with the permit subsequent to each and every inspection. The owner/operator shall maintain a record of all inspection reports in a site log book as part of the updated SWPPP and shall be make available upon request by permitting authority.

B) Maintenance

- Sediment shall be removed from behind silt fence or straw bale if accumulation of greater than 6-inches deep or as needed.
- Sediment that is collected in inlet protection practice shall be removed on a regular basis to ensure the integrity of the drainage inlet system.
- The underside of straw bale shall be kept in close contact with the ground surface.
- Straw bale and silt fence that are damaged shall be replaced or as necessary.
- On site's paved areas shall be swept on an as needed basis during the construction process.
- The contractor or subcontractor shall begin implementing the corrective actions within one business day of the notification from qualified inspector and shall complete the corrective actions within a reasonable time frame.

Refer to Appendix 8 of the SWPPP for inspection and maintenance schedule; and refer to Appendix 9 for sample of construction site log book.

13. Rock Removal

Based on the composition of the bedrock, blasting will be required for removal. During construction careful attention must be paid to the neighboring properties during construction. The selected blasting shall be a New York State licensed blasting contractor.

The selected contractor will prepare a written Blasting Plan in accordance the with the Village of Mamaroneck Village Code Chapter 120 and the New York Department of Transportation "Geotechnical Engineering Manual: Procedure for Blasting" latest edition (Appendix 5), providing a detailed description of

the means and methods of the proposed rock removal program. This plan will be forwarded to the Town Engineering Department and Building Department for review. The Blasting Plan will contain the following:

1. **Project Designations**

- Name of Project Blaster(s).
- Photocopy of the Project Blaster"s Explosives License (Own & Possess) and Certificate of Competence.
- Scheduled start date and length of blasting operations and blast monitoring operations.
- Limits of blasting work.
- Requirements for local permits.
- Location of any structures in proximity to the blasting.
- Location of any utilities in proximity to the blasting.
- Location of any contaminants or flammable liquids or vapors in the area to be blasted.

2. Safety and Health Requirements

- Type of audible warning signals and signal sequence.
- Name of company that will deliver explosives to the project site.
- Location of any preblast surveys.
- Location of any vibration monitoring at State owned structures, utilities on or off State ROW, or privately owned structures off State ROW.
- Location of any air blast overpressure monitoring.
- If seismographs will be used, provide the manufacturer^{**}s name, model number, and documentation of calibration performed within the last 12 months. Also provide name(s) of seismograph operators and relevant training and experience.
- List steps that will be taken to control flyrock (i.e. blasting mats).
- Are carbon monoxide or other noxious fumes likely to migrate from the blast location or accumulate within nearby structures and, if so, what will be done to detect and prevent their migration.

3. Methods and Procedures

- Type of drilling equipment.
- Method of collaring and aligning presplit drill holes.
- Hole diameter.
- Drilling pattern.
- Use of sequential timer.
- Types of explosives, primers, initiators, and other blasting devices. Include manufacturer's technical data sheets and material safety data sheets for all products.
- Loading parameters:

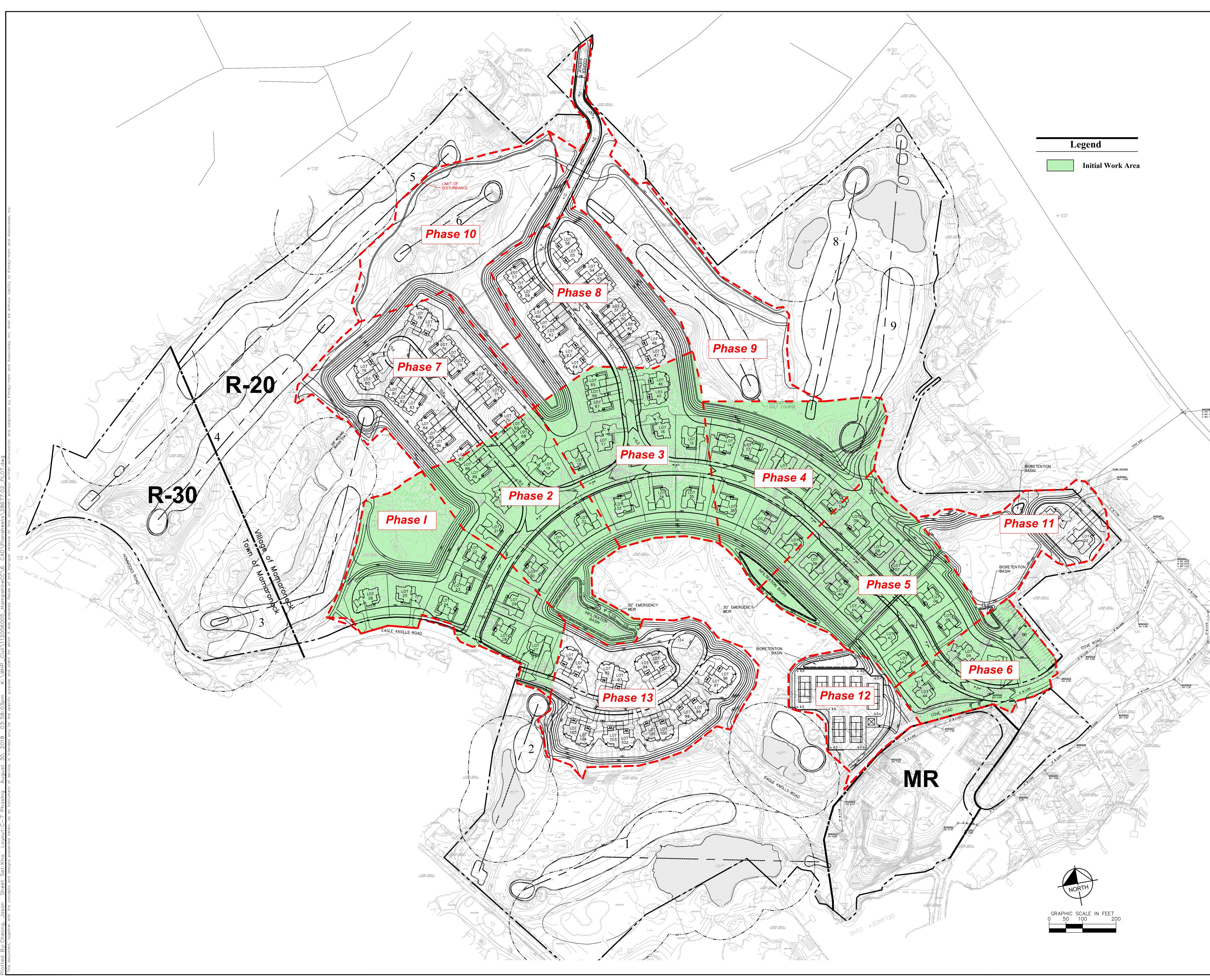
The blasting contractor will have a Pre-Blast meeting with representatives of the Village Engineering and Building Departments to review schedule, field activities and vibration and noise monitoring. The blasting contractor will provide weekly updates to the Town and hold weekly progress meetings.

14. Noise

Noise from construction activities shall be limited to the hours of 8:00 a.m. and 6:00 p.m. Monday through Saturday in accordance with the Village of Mamaroneck Village Code, Chapter 254, Noise shall be limited to typical construction equipment in good working order. Malfunctioning equipment generating excessive noise shall be immediately taken out of service.



Appendix 1 – Construction Phasing Plan



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Appendix 2 – Construction Health and Safety Plan



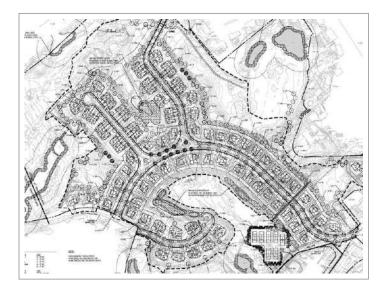
Proactive by Design



CONSTRUCTION HEALTH AND SAFETY PLAN

Hampshire Country Club Planned Residential Development Village of Mamaroneck Westchester County, New York

September 2018 File No. 41.0162548.10



PREPARED FOR: Hampshire Recreation LLC 60 Cutter Mill Road Great Neck, NY 11201

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ATTACHMENTS

- ATTACHMENT A HEALTH AND SAFETY BRIEFING/SITE ORIENTATION RECORD
- ATTACHMENT B DIRECTIONS TO HOSPITAL
- ATTACHMENT C SAFETY DATA SHEETS



1.0 INTRODUCTION

1.1 OVERVIEW

This project-specific Construction Health and Safety Plan (CHASP) has been developed by GZA GeoEnvironmental of New York (GZA) on behalf of Hampshire Recreation LLC (Client) to establish procedures for the protection from potential contaminated materials resulting from the Hampshire Country Club Planned Residential Development (PRD) project located in the Village of Mamaroneck, Westchester County, New York (Site).

1.2 <u>PURPOSE AND APPLICABILITY</u>

The purpose of this CHASP is to assign responsibilities, establish personnel protection standards and mandatory safety practices and procedures, and provide for contingencies that may arise during the completion of PRD excavations at the Site. The CHASP is intended to minimize health and safety risks resulting from the known and potential presence of residual pesticides and herbicides from horticultural uses during operation as a golf course.

Note that this CHASP is NOT designed to address potential geotechnical, mechanical, or structural safety concerns, and is NOT intended to supersede or replace any U.S. Occupational Health and Safety Administration (OSHA) regulation and/or local and state construction codes or regulations. This CHASP is intended to supplement the Construction Contractor's (Contractor's) Safety Program. The procedures in this plan have been developed based on current knowledge regarding the hazards which are known or anticipated for the operations to be conducted at this Site. Work subject to this CHASP is specific to activities that disturb the soil during Site redevelopment. The Contractor and its subcontractors involved in the construction project will inform their workers of and provide a copy of this CHASP to their employees whose work involve potential exposure to the on-site chemical hazards and will complete all work in accordance with CHASP. All work outlined within the CHASP is subject to the standards under 29 CFR Part 1926 (Safety and Health Regulations for Construction).

1.3 SITE HAZARDS

This CHASP covers only the hazards associated with potential chemical exposures. Physical hazards such as injuries from typical excavation field work activities, including the operation of heavy equipment, noise exposure, heat and cold stress, electrical hazards, fire hazards, excavation hazards and general safety hazards associated with walking on working surfaces (trip and fall) are covered by the Contractor's safety program.

The construction activities call for the handling, transport and disposal of soil, fill, and other materials removed from the property during Site activities that may pose chemical exposure



hazards. Potential chemical exposure hazards include skin contact, ingestion and inhalation hazards which may result from the presence of inorganic metallic elements (metals) and pesticides on-Site. The potential adverse health effects from these detected contaminants are diverse. Many of these compounds are known or suspected to result in chronic illness from long-term exposures. However, due to the limited nature of the proposed construction, only acute effects are a potential concern. See **Section 2.0** for detailed chemical hazard information.

1.4 PROJECT TEAM

The organizational structure established for the implementation of construction health and safety requirements established by this CHASP, include identifying personnel who have been assigned specific authority to implement and enforce the provisions of this CHASP. Prior to the construction, the appropriate personnel identified in the table below will be notified:

Name	Project Title/Assigned Role	Contact Information	
Dan Pfeffer	Owner	Hampshire Recreation LLC c/o New World Realty Advisors, LLC 60 Cutter Mill Road, Ste. 513 Great Neck, NY 11021 T: (646) 723-4750	
TBD	Project Superintendent / Contractor	TBD	
Michael Junghans, PE	Civil Engineering	Kimley-Horn of New York PC 1 N. Lexington Avenue, Suite 1575 White Plains, NY 10601 T: (914) 368-9189	
Stephen M. Kline, PE	Environmental Consultant	GZA GeoEnvironmental of New York 104 West 29th Street, 10th Floor New York, NY 10001 T: (212)594-8140	
Hernane De Almeida	Village of Mamaroneck Engineering Department	Village of Mamaroneck 169 Mount Pleasant Avenue Mamaroneck, NY 10543 T:(914) 825-8758	

The control of Site hazards is dependent upon the degree to which management enforces compliance and employees cooperate with the specified health and safety requirements.



Therefore, personnel at all levels of the organization must recognize their individual responsibility to comply. All activities covered by this CHASP must be conducted in compliance with this CHASP and with applicable federal, state, and local health and safety regulations, including 29 CFR 1926. The Contractor shall designate its Construction Project Superintendent, Site Safety Coordinator and Site Safety Managers.

The "Project Superintendent" is responsible for all management of health and safety policies, which includes the need for effective oversight and supervision of project staff necessary to control the Health and Safety aspects of on-Site activities. However, supervisory personnel from all subcontractors share responsibility for compliance with Health and Safety programs, policies, procedures and applicable laws and regulations. The Project Superintendent must be a "Competent Person", as defined by OSHA 1926.20(b) - Accident Prevention Responsibilities, is the individual "who is capable of identifying existing and predictable hazards in surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them." The Project Superintendent is responsible for the site control aspects of this CHASP. Personnel covered by this CHASP who cannot or will not comply must be excluded from Site activities by the Project Superintendent.

The Contractor may delegate a "Site Safety Coordinator" or "Site Safety Manager" (SSM) who is a Competent Person, as defined by OSHA 1926.20(b), and a Qualified Environmental Professional, as defined by New York State Department of Environmental Conservation (NYSDEC) Technical Guidance for Site Investigation and Remediation Division of Environmental Remediation (DER-10), to be responsible for making sure the safety policies and procedures are being followed on site. As defined by DER-10, a Qualified Environmental Professional, is a person, including a firm headed by such person, who possesses sufficient specific education, training, and experience necessary to exercise professional judgment to develop opinions and conclusions regarding the presence of releases or threatened releases to the surface or subsurface of a site or off-site areas, sufficient to meet the objectives and performance factors for the areas of practice identified by the DER-10.

The Contractor SSM is responsible for day-to-day implementation of the safety program including the air monitoring, and decontamination aspects of the of this CHASP. The SSM is also responsible for incident investigations, first aid and incident management. The SSM will report directly to the Project Superintendent (or designee selected by the Project Superintendent).

2.0 HAZARD ASSESSMENT

The following hazard assessment applies only to the activities within the specified scope of this CHASP.



2.1 JOB HAZARD ANALYSIS

A Job Hazard Analysis (JHA) is a systematic way of identifying the potential health and safety hazards associated with the activities required for completion of the work and the methods to avoid, control, and mitigate those hazards. The JHA will be used to train work crews in proper safety procedures during training prior to each phase of work. This JHA was prepared using general knowledge of the project site and the typical hazards that may be present during performance of this specific scope of work. On-Site hazards may vary from day to day and are dependent on several factors. When planning personnel's daily activities, the Contractor and its subcontractors must consider on-Site hazards.

Phase of Work: Pre-Construction and Site Preparation

Tasks: Mobilization and Demobilization of Equipment and Supplies, Establishment of Site Security Work Zones and Staging Areas, Delineate and Protect Utilities located on site and those leading to and from the Site, Site Preparation (on-site roads, installation of soil erosion measures, temporary facilities, etc.), Prepare decontamination pads and facilities, Develop and Create Staging Area for Materials Storage, Collection of Waste Characterization Samples (if necessary).

Phase of Work: Intrusive Construction Activities

Tasks: Heavy equipment operations, construction activities near utility lines (above and below ground), and electrical lighting. Benching for slope protection in the excavation areas, Protect and support excavation areas in proximity to overhead and underground utilities, Excavation of materials including rock, Staging and stockpiling materials (for on-site re-use and imported fill), Installation of foundation elements, Installation of utilities in excavations, Backfill and compaction of excavation areas, Maintenance of soil erosion and sedimentation control measure.

2.2 CHEMICAL HAZARDS AND KNOWN/ SUSPECT CHEMICALS OF CONCERN.

The chemical hazard information provided below is based on data provided in the Phase I Environmental Site Assessment Report dated April 2016, the Limited Phase II Environmental Site Investigation Report, dated April 2016, and information from the Village of Mamaroneck and the NYSDEC. During the investigations, representative Site soils were collected and analyzed for contaminants of concern. Constituents identified, based on the analysis, with exceeding concentrations and their respective health effects are listed below for reference. Information presented is based upon established OSHA permissible exposure limits (PEL) and The National Institute for Occupational Safety and Health (NIOSH) recommended exposure limits (RELs) with time-weighted average (TWA). All other analytical parameters were reported within acceptable levels for Site land use. It is GZA's opinion that project does not fall under the scope of 29 CFR 1926.65 (Hazardous Waste Operations and Emergency Response).

See **Section 4.0** for a description of the PPE that should be used for this Site.



Chemicals	REL/PEL/STEL (ppm)	Health Hazards	
Arsenic	PEL = 0.010 mg /m ³ TWA REL = 0.002 mg /m ³	irritation skin, possible dermatitis; resp distress; diarrhea; kidney damage; muscle tremor, convulsions; possible gastrointestinal tract, reproductive effects; possible liver damage	
PEL = 0.05 mg/m ³		Lassitude (weakness, exhaustion), insomnia; facial pallor; anorexia, weight loss, malnutrition;	
Lead	REL = 0.05 mg/m ³	constipation, abdominal pain, colic; anemia; gingival lead line; tremor; paralysis wrist, ankles; encephalopathy; kidney disease; irritation eyes; hypertension.	
DDT (pesticides)	PEL = TWA 1 mg/m ³ REL = TWA 0.5 mg/m ³	irritation eyes, skin; paresthesia tongue, lips, face; tremor; anxiety, dizziness, confusion, malaise (vague feeling of discomfort), headache, lassitude (weakness, exhaustion); convulsions; paresis hands; vomiting; [potential occupational carcinogen]	
Dieldrin (pesticide)	PEL = TWA 0.25 mg/m ³ REL = TWA 0.25 mg/m ³	headache, dizziness; nausea, vomiting, malaise (vague feeling of discomfort), sweating; myoclonic limb jerks; tonic convulsions; coma; In Animals: liver, kidney damage [potential occupational carcinogen]	
Heptachlor (pesticide)	PEL = TWA 0.5 mg/m ³ REL = TWA 0.5 mg/m ³	tremor, convulsions; liver damage; [potential occupational carcinogen]	

2.3 METALS

Metals including arsenic and lead were detected in concentrations exceeding NYSDEC Part 375 Unrestricted Use (Track 1) Soil Cleanup Objectives (SCOs) and Residential Use (Track 2) SCOs. Overexposure to metal compounds has been associated with a variety of local and systemic health hazards, both acute and chronic in nature, including lung damage, neurological effects, gastrointestinal effects, kidney and liver damage, allergic dermatitis and other skin disorders. Exposure to metals is most commonly through inhalation and ingestion of dust. The Job Hazard Analyses for this project indicates that Personal Protective Equipment (PPE) and engineering contracts will maintain work zone conditions actionable level as stated in Section 3.4 of this CHASP.

2.4 PESTICIDES

Pesticides such as DDT, heptachlor, and dieldrin were detected at concentrations exceeding Track 2 SCOs in soil samples collected. Pesticide use is historically attributed to the maintenance of the Country Club greens. Occupational exposure to pesticides often occurs for agricultural workers. Overexposure can lead to headache, dizziness; nausea, vomiting, malaise (vague feeling of discomfort), sweating; myoclonic limb jerks; tonic convulsions. Exposure to pesticides are often through ingestion of contaminated food and drinking water.



3.0 AIR MONITORING

Air monitoring falls into two separate categories: direct reading/environmental monitoring, and personal exposure monitoring. The following Sections summarize the types of environmental monitoring as well as the appropriate response actions applicable to the Site.

3.1 TOTAL PARTICULATES

Due to the presence of metals in soils on-Site, total respirable particulates may be a concern. Dust levels should be visually monitored and if levels become noticeable, soils should be wetted down to control dusty conditions. Wetting may be accomplished using various methods, including a hose connected to a fire hydrant or other on-Site source of water. The Contractor's Project Superintendent shall be responsible for determining when the wetting of soils is needed and the most appropriate method to use. In addition, recommended measurements for particulate monitoring are detailed below.

Upwind concentrations should be measured at the start of each work day during active handling of excavated materials (including stockpiling and truck loading) and periodically thereafter to establish background conditions. The particulate air monitoring work will be conducted using a pDR-1200 personal airborne particulate monitor (or approved equivalent) calibrated daily. The particulate monitoring will be performed using real-time monitoring equipment capable of measuring particulate matter less than 10 micrometers (um) in size (PM-10) and capable of integrating over a period of 5-minutes or less for comparison to the airborne particulate action level. The equipment must be equipped with an audible alarm to indicate an exceedance of the action level.

Dust migration will be visually assessed during all work activities, and at no time will the downwind perimeter particulate levels be allowed to exceed a total standard of 10 mg/m³ (or "nuisance" dust levels).

If the downwind PM-10 particulate level is 100 micrograms per cubic meter (ug/m^3) greater than the background (upwind perimeter) for a 5-minute period, or if airborne dust is observed leaving the work area, then dust suppression techniques must be employed. Work may continue with dust suppression techniques (e.g., soil wetting) provided the downwind PM-10 particulate levels do not exceed 150 ug/m³ above the upwind level and no visible dust is migrating from the work area.

If, after implementation of dust suppression techniques, downwind PM-10 particulate levels are greater than 150 ug/m³ above the upwind level, work must be stopped, and a re-evaluation of activities initiated. Work can resume if dust suppression measures and other controls are



successful in reducing the downwind PM-10 particulate concentrations to within 150 ug/m³ of the upwind level and in preventing visible dust migration.

3.2 PARTICULATE MONITORING, RESPONSE LEVELS, AND ACTIONS

Parameter	Monitoring Instrument	Response Levels above background levels)	Action	Conditions for Continuing Work Activities
		Fugitive dust migration	1. Implement dust suppression techniques	Dust suppression techniques are in place
Particulates < 10 um (PM- 10)	Dust Meter	> 100 ug/m ³ but < 150 ug/m ³	1.Implement dust suppression techniques	Levels must not exceed 150 ug/m ³ with dust suppression techniques in place
		> 150 ug/m ³	 Halt activity Re-evaluate activities 	Levels decrease below 150 ug/m ³ and fugitive dust migration is prevented

3.3 <u>CONTINGENCY ORGANIC VAPOR MONITORING</u>

If during construction, the Contractor encounters odors or staining that include the potential for volatile organic vapor hazards. Then the Environmental Consultant will be contacted to evaluate the potentially impacted materials. While the soils are being evaluated, the Contractor may continue to work in an unimpacted are if they include real-time, organic vapor monitoring with a photoionization detector (PID). Monitoring for VOCs will be conducted prior to the start of ground intrusive activities, to establish the Site background VOC concentration levels. The background concentration will then be incorporated and considered when evaluating VOC concentrations at the Site. Vapor monitoring will also be performed during the first three days of ground intrusive activity and compared to the background concentrations to determine if additional monitoring is warranted.

Breathing Zone Readings Action Levels are included below.



Response Levels (above background levels)	Action
0 to 10 ppm	Remain in Level D personal protection. Use colorimetric tubes or other chemical specific device to verify PID readings do not contain low PEL toxic materials (Benzene, Vinyl Chloride, etc.) where applicable. If benzene is present above 1 ppm withdraw from excavation and proceed to level C.
10 to 25 ppm	Withdraw from work area and contact Project Management. Proceed to Level C protection for re-entry, or discontinue operation
> 25 ppm	Secure operations withdraw from work area and discontinue work at that location until contaminants can be evaluated, and detailed plan implemented.

4.0 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) will be donned as described below for the activities covered by this CHASP. Based on available analytical data and the proposed intrusive activities, the Contractor, anticipates that all activities will require Level D or Modified Level D PPE.

4.1 GENERAL SITE WORK

General Site work conducted outside the excavation areas, operators of heavy equipment, and non-intrusive activities which do not generate dust will require Level D protective equipment. Level D is defined as:

- Hardhat
- Eye protection
- Hearing protection (with site workers at all times and donned when appropriate)
- Steel-toed work boots
- Work clothes

Workers shall wear appropriate hearing protection during designated hearing protectionrequired tasks (such as, jack hammering, pile driving etc.). To reduce the exposure to noise, personnel working in areas of excessive noise must use hearing protectors (earplugs or earmuffs).

Rule-of-Thumb: Wherever actual data from sound level meters or noise dosimeters is unavailable, if it is necessary to raise one's voice above a normal conversational level to communicate with others within 3 to 5 feet away, hearing protection should be worn.



4.2 EXCAVATION AREAS AND OTHER SOIL HANDLING

Personnel working in the areas of active excavation, but not operating heavy equipment, and any other personnel potentially contacting contaminated materials will be required to wear Modified Level D PPE. Modified Level D is defined as:

- Hardhat
- Eye protection
- Hearing protection (as warranted see above)
- Steel-toed work boots
- Tyvek Coveralls
- Disposable nitrile chemically resistant gloves

Level C PPE and Level B are not expected to be required.

5.0 SITE CONTROL

To prevent both exposure of unprotected personnel and migration of contamination due to tracking by personnel or equipment, work areas along with personal protective equipment requirements will be clearly identified with signage. Pedestrian traffic will be managed to the extent possible by the Contractor's Traffic and Pedestrian Control Plan.

The Contractor will designate a work zone and support zone as defined below.

5.1 WORK ZONE

Work zones on Site will be temporary or dynamic, encompassing the work area(s) actively being worked in on that particular day(s). Site personnel will be advised of the current work area(s) as part of site safety meetings. The Contractor will have a hydrant permit or other water source available to wet down exposed soils to control dust.

5.2 <u>SUPPORT ZONE</u>

The support zone will consist of an area outside the areas of active excavation and soil handling, where equipment and support vehicles will be located. Eating, drinking and smoking will be permitted only in this area. Sanitary facilities will be located on Site. In addition, potable water and water and soap for hand washing will be available at the Site.



5.3 OTHER SITE CONTROL AND SAFETY MEASURES

The following measures are designed to augment the specific health and safety guidelines provided in this plan. These issues will form the basis of the Site orientation and daily safety meetings discussed in **Section 7.0**, below.

- The Site hazards will be evaluated by the Contractor's Project Superintendent using the Site Safety Checklist.
- No one is to perform field work alone. Team members must be intimately familiar with the procedures for initiating an emergency response.
- Avoidance of contamination is of the utmost importance. Whenever possible, avoid contact with contaminated (or potentially contaminated) surfaces or materials. Walk around (not through) puddles and dis-colored surfaces. Do not kneel on the ground or set equipment on the ground.
- Eating, drinking, chewing gum or tobacco, smoking or any practice that increases the probability of hand-to-mouth transfer and ingestion of materials is prohibited except in the support zone after proper decontamination as defined in **Section 6.0**.
- The use of alcohol or drugs is prohibited during the conduct or field operations.
- Safety equipment (PPE) will be required for all field personnel unless otherwise approved by the subcontractor's health and safety representatives and/or the Project Superintendent.

5.4 SITE SECURITY

The Site shall be unoccupied during Site work accept for Contractor personnel and subcontractors. If possible, access to the work areas during field work will be limited by closing site gates to reduce unauthorized pedestrian traffic. The Client's Project Superintendent is responsible for identifying the presence of all employees on Site.

Equipment left on Site during off hours must be locked, immobilized and/or otherwise secured to prevent theft or unauthorized use or access. The Contractor and subcontractors' employees will not be permitted on Site during off-hours without specific client approval.

6.0 DECONTAMINATION

Proper decontamination will be performed for personnel and equipment before leaving the Site. All solid waste generated during decontamination will be bagged by the Contractor personnel and stored on Site for disposal. Water will be disposed of by on-Site infiltration into soil within an exclusion zone.



6.1 PERSONAL DECONTAMINATION

Personal decontamination will be accomplished by following a systematic procedure of cleaning and removal of personal protective equipment (PPE). The Contractor will supply decontamination equipment to allow PPE to be brushed to remove gross contamination and then scrubbed clean in a detergent solution and then rinsed clean. To facilitate this, a three-basin wash system will be set up on site by the Contractor.

Disposable PPE, such as Tyvek coveralls, gloves, and hearing protection, etc. will be placed in trash bags in an on-Site container pending a disposal. Alternative chemical decontamination procedures, such as steam-cleaning reusable rubber outer boots, may be used if necessary.

Steps required in a decontamination sequence will depend on the level of protection worn in accordance with **Section 4.0**:

- 1. Remove and wipe clean hard hat
- 2. Brush boots and gloves of gross contamination
- 3. Scrub boots and gloves clean
- 4. Remove boot covers (if in use)
- 5. Rinse boots and gloves
- 6. Dry non-disposable equipment with paper towels
- 7. Remove Tyvek coveralls
- 8. Remove eye protection
- 9. Remove chemically resistant gloves

6.2 EQUIPMENT DECONTAMINATION

Hand tools and portable equipment will be decontaminated upon leaving the active excavation areas using the same procedures for personal decontamination. Wooden tools are difficult to decontaminate because they absorb chemicals. Wooden hand tools will be kept on Site for the project duration and handled only by protected workers. At the end of the Site activities, wooden tools will be discarded if they cannot be decontaminated properly.

Large Equipment will be decontaminated in an area near the entrance to the Site. Decontamination of large equipment will mitigate the risk of spreading potentially-contaminated soil off-Site. The Contractor will use a combination of long-handled brushed, rods and shovels for general exterior cleaning and dislodging contaminated soil caught in tires and the undersides of vehicles and equipment.

Prior to leaving the Site, large equipment will be inspected to assure that excess material has not adhered to the equipment. If needed, the Contractor will clean the large equipment, including



washing tires and undercarriages with a hose to remove excess adhered soil prior to leaving the Site.

Exposed excavated material will be covered on each truck after loading. The cover will be secured and remain in place until the container has reached the disposal facility.

7.0 MEDICAL MONITORING AND TRAINING REQUIREMENTS

Training records for Site personnel and subcontractors shall be provided to the Contractor prior to on-Site work and will be maintained on Site.

7.1 MEDICAL MONITORING

Only those workers excavating the hazardous lead areas are anticipated to need respiratory protection. At other excavation areas and for general Site work, it is anticipated that respiratory protection is not required by the levels of soil contamination. Therefore, only the workers excavating the hazardous lead areas will require medical monitoring requirements on this project.

7.2 TRAINING

All personnel covered by this CHASP must have completed the appropriate training requirements specified in 29 CFR 1910.1200 Hazard Communication and 29 CFR 1926. Workers will need to undergo the following training:

Project Role	Training / Certification Required
Project Superintendent	OSHA 30-Hour Construction Safety and Health Course
	OSHA 10-Hour Construction Safety and Health Course
	OSHA 40-Hour HAZWOPER Training
	OSHA 8-hour HAZWOPER Supervisor
Site Safety Coordinator / Site	OSHA 30-Hour Construction Safety and Health Course
Safety Manager	OSHA 10-Hour Construction Safety and Health Course
	OSHA 40-Hour HAZWOPER Training
	OSHA 8-hour HAZWOPER Supervisor
Construction Workers	OSHA 10-Hour Construction Safety and Health Course

Also, at least one Contractor employee must be on Site during all activities to act as the Site Foreman and will be responsible for identifying existing and predictable hazards in surroundings or working conditions that are unsanitary, hazardous, or dangerous to Site workers and or the community, and will have the authorization to take prompt corrective measures to eliminate them. This individual must have



documentation of at least three days of supervised field experience as well as completion of the specified 8-hour training course for managers and supervisors. Records of certifications and training should be kept by the Contractor.

All project personnel and subcontractor personnel will be trained on relevant safety topics through a combination of Site orientation, presentations to staff, and toolbox talks. Training will include site-specific environmental requirements.

All construction personnel upon entering the Site must attend a brief training meeting, its purpose being to:

- Make workers aware of the potential hazards they may encounter;
- Instruct workers on how to identify potential hazards,
- Provide the knowledge and skills necessary for them to perform the work with minimal risk to health and safety;
- Make workers aware of the purpose and limitations of safety equipment; and
- Ensure that they can safely avoid or escape from emergencies.

Each member of the construction crew will be instructed in these objectives before he/she goes onto the Site. Construction personnel will be responsible for identifying potential hazards that may be encountered during the performance of work. The SSM or other suitably trained individual will be responsible for conducting the training program. A suitably trained construction worker must accompany visitors/others who enter the Site.

In addition, those workers that will perform work below the demarcation layer or come in contact with soil from below the demarcation layer while intrusive activities are being performed, must recognize and understand the potential hazards to health and safety. Training records for Site personnel and subcontractors will be obtained prior to on-site work and will be maintained on site. Records of certifications and training should be kept by the SSM

7.3 SUBCONTRACTORS

Subcontractors will be required to provide to the Contractor's Project Superintendent specific written documentation that each individual assigned to this project has completed the medical monitoring and training requirements specified above. This information must be provided prior to their performing any work on site.

7.4 SITE SAFETY MEETINGS

Prior to the commencement of on-Site investigative activities, a Site safety meeting will be held to review the specific requirements of this CHASP. Sign-off sheets will be collected at this



meeting (see **Attachment A**). Short safety refresher meetings will be conducted daily or as conditions or work activates change. In addition, the Project Superintendent will document that Site visitors have had the required training in accordance with 29 CFR 1910.120 and will provide documented pre-entry safety briefings.

7.5 REASSESSMENT OF PROTECTION PROGRAM

The level of protection provided by the PPE selection will be either upgraded or downgraded based upon a change in Site conditions. When a change occurs, the hazards will be reassessed by the Contractor Project Superintendent. Some indicators of the need for reassessment include:

- A change in job tasks during a work phase;
- A change of season/weather;
- When the temperature extremes or individual medical considerations limit the effectiveness of PPE; and
- Contaminants other than those previously identified are encountered or suspected.

8.0 EMERGENY ACTION PLAN

OSHA defines emergency response as any "response effort by employees from outside the immediate release area or by other designated responders (i.e., mutual-aid groups, local fire departments, etc.) to an occurrence which results, or is likely to result in an uncontrolled release of a hazardous substance." The Contractor personnel covered by this CHASP may not participate in any emergency response where there are potential safety or health hazards (i.e., fire, explosion, or chemical exposure). The Contractor response actions will be limited to evacuation and medical/first aid as described within this Section, below.

The basic elements of an emergency evacuation plan include employee training, alarm systems, escape routes, escape procedures, critical operations or equipment, rescue and medical duty assignments, designation of responsible parties, emergency reporting procedures, and methods to account for all employees after evacuation.

8.1 EMPLOYEE INFORMATION

General training regarding emergency evacuation procedures are included in the Contractor initial and refresher training courses. Also, as described, employees must be instructed in the specific aspects of emergency evacuation applicable to the Site as part of the site safety meeting prior to the commencement of all on-site activities. On-Site refresher or update training is required anytime escape routes or procedures are modified or personnel assignments are



changed. This information will be provided during the Site safety meetings (see Section 7.4) and will be documented by the Contractor.

8.2 EMERGENCY SIGNAL AND ALARM SYSTEMS

An emergency communication system must be in effect at all times. The most simple and effective emergency communication system in many situations will be direct verbal communications. The site must be assessed at the time of initial Site activity and periodically as the work progresses. Verbal communications must be supplemented anytime voices cannot be clearly perceived above ambient noise levels (i.e., noise from heavy equipment, trucks, etc.) and anytime a clear line-of-sight cannot be easily maintained amongst all personnel because of distance, terrain or other obstructions. The Contractor will maintain an air horn (or whistle) on-Site that will be used to signal an emergency so that it can be heard over other construction noises on-Site.

8.3 EMERGENCY CONTACTS

Police:	911	
Fire:	911	
Ambulance:	911	
Montefiore New Roc	helle Hospital:	(914) 365-3770

8.4 HOSPITAL LOCATION

Montefiore New Rochelle Hospital is located at 16 Guion Place, New Rochelle, New York. The most direct route to the hospital from the Site is through NY125 N, then south onto I-95S, take exit 16 to Glover Johnson Place, and arrive at the hospital. **Attachment B** presents a hospital route map.

8.5 INCIDENT REPORTING PROCEDURES

Any incident (other than minor first aid treatment) resulting in injury, illness or property damage requires an accident investigation and report. The investigation should be initiated as soon as emergency conditions are under control. The purpose of this investigation is not to attribute blame but to determine the pertinent facts, so that repeat or similar occurrences can be avoided.

The investigation should begin while details are still fresh in the mind of anyone involved. The person administering first aid may be able to start the fact gathering process if the injured can speak. Pertinent facts must be determined. Questions beginning with who, what, when, where, and how are usually most effective to discover ways to improve job performance in terms of efficiency and quality of work, as well as safety and health concerns.



August 2018 Construction Health and Safety Plan 41.0162541.00

ATTACHMENT A HEALTH AND SAFETY BRIEFING



Health and Safety Briefing/Site Orientation Record/Hazard Communication

This is to verify that I, the undersigned, have been provided with a site (orientation) briefing, including hazard communication, regarding the safety and health considerations at the Hampshire Country Club, Mamaroneck, New York (Site). I agree to abide by my employer's Sitespecific safety and health plan and other safety or health requirements applicable to the Site.

Name (Print)	Signature	Company	Date
Site (orientation) brief			
Date:	Health and Safety Briefing/S	ite Orientation Rec	ord



August 2018 Construction Health and Safety Plan 41.0162541.00

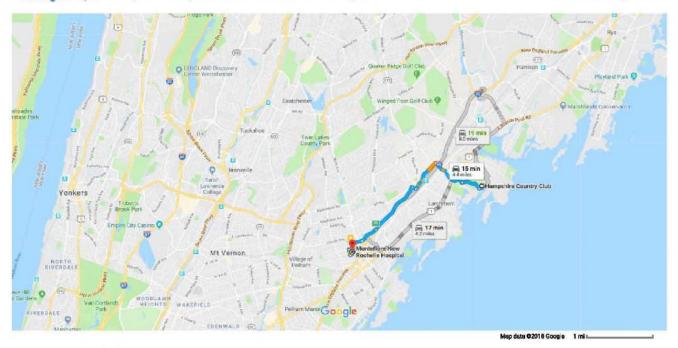
ATTACHMENT B ROUTE TO HOSPITAL



Google Maps Hampshire Country Club to Montefiore New Rochelle Hospital

Drive 4.4 miles, 15 min

2 min (0.2 mi)



Hampshire Country Club

1025 Cove Rd, Mamaroneck, NY 10543

Take Eagle Knolls Rd and Hommocks Rd to NY-125 N 4 min (0.8 mi) 1 1. Head southeast on Cove Rd 49 ft 2. Turn right to stay on Cove Rd 1* 486 ft 3. Cove Rd turns right and becomes Eagle Knolls Rd t 0.5 mi 4. Slight right onto Hommocks Rd r 0.3 mi Continue on NY-125 N. Take Myrtle Blvd, I-95 S and Exit 16 to Glover Johnson Pl in New Rochelle 9 min (3.4 mi) 1 5. Continue onto NY-125 N 0.5 mi 6. Turn left onto Myrtle Blvd ٩. 0.7 mi 7. Myrtle Blvd turns slightly right and becomes Madison Ave 1 489 ft 8. Turn left to merge onto I-95 S * 1.2 ml 9. Take exit 16 toward North Ave/Cedar St/New Rochelle r 0.4 mi 10. Continue onto Memorial Hwy 1 0.1 mi 1 11. Continue onto Norman Rockwell Blvd 315 ft ¢ 12. At the traffic circle, take the 2nd exit and stay on Norman Rockwell Blvd 0.2 mi 13. Turn right onto Lockwood Ave r* 433 ft Continue on Glover Johnson PI to your destination



8/17/2018

Hampshire Country Club to Montefiore New Rochelle Hospital - Google Maps

14. Turn left onto Glover Johnson Pl

			6 C
*1	15.	Tum left	0.1 mi
			177 ft
*1	16.	Tum left	
		Turn left Destination will be on the left	
			230 ft

Montefiore New Rochelle Hospital

16 Guion PI, New Rochelle, NY 10802

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



ATTACHMENT C SAFETY DATA SHEETS





Health	3
Fire	1
Reactivity	2
Personal Protection	Ε

Material Safety Data Sheet Arsenic MSDS

Section 1: Chemical Product and Company Identification

Product Name: Arsenic

Catalog Codes: SLA1006

CAS#: 7440-38-2

RTECS: CG0525000

TSCA: TSCA 8(b) inventory: Arsenic

Cl#: Not applicable.

Synonym:

Chemical Name: Arsenic

Chemical Formula: As

Contact Information:

Sciencelab.com, Inc. 14025 Smith Rd. Houston, Texas 77396

US Sales: **1-800-901-7247** International Sales: **1-281-441-4400**

Order Online: ScienceLab.com

CHEMTREC (24HR Emergency Telephone), call: 1-800-424-9300

International CHEMTREC, call: 1-703-527-3887

For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

Name	CAS #	% by Weight
Arsenic	7440-38-2	100

Toxicological Data on Ingredients: Arsenic: ORAL (LD50): Acute: 763 mg/kg [Rat]. 145 mg/kg [Mouse].

Section 3: Hazards Identification

Potential Acute Health Effects:

Very hazardous in case of ingestion, of inhalation. Slightly hazardous in case of skin contact (irritant), of eye contact (irritant).

Potential Chronic Health Effects:

CARCINOGENIC EFFECTS: Classified A1 (Confirmed for human.) by ACGIH. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance is toxic to kidneys, lungs, the nervous system, mucous membranes. Repeated or prolonged exposure to the substance can produce target organs damage.

Section 4: First Aid Measures

Eye Contact:

Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.

Skin Contact: Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.

Serious Skin Contact: Not available.

Inhalation:

If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Serious Inhalation:

Evacuate the victim to a safe area as soon as possible. Loosen tight clothing such as a collar, tie, belt or waistband. If breathing is difficult, administer oxygen. If the victim is not breathing, perform mouth-to-mouth resuscitation. Seek medical attention.

Ingestion:

Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If large quantities of this material are swallowed, call a physician immediately. Loosen tight clothing such as a collar, tie, belt or waistband.

Serious Ingestion: Not available.

Section 5: Fire and Explosion Data

Flammability of the Product: May be combustible at high temperature.

Auto-Ignition Temperature: Not available.

Flash Points: Not available.

Flammable Limits: Not available.

Products of Combustion: Some metallic oxides.

Fire Hazards in Presence of Various Substances: Flammable in presence of open flames and sparks, of heat, of oxidizing materials.

Explosion Hazards in Presence of Various Substances:

Risks of explosion of the product in presence of mechanical impact: Not available. Risks of explosion of the product in presence of static discharge: Not available.

Fire Fighting Media and Instructions:

SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use water spray, fog or foam. Do not use water jet.

Special Remarks on Fire Hazards:

Material in powder form, capable of creating a dust explosion. When heated to decomposition it emits highly toxic fumes.

Special Remarks on Explosion Hazards: Not available.

Section 6: Accidental Release Measures

Small Spill: Use appropriate tools to put the spilled solid in a convenient waste disposal container.

Large Spill:

Use a shovel to put the material into a convenient waste disposal container. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

Section 7: Handling and Storage

Precautions:

Keep locked up.. Keep away from heat. Keep away from sources of ignition. Empty containers pose a fire risk, evaporate the residue under a fume hood. Ground all equipment containing material. Do not ingest. Do not breathe dust. Wear suitable

protective clothing. In case of insufficient ventilation, wear suitable respiratory equipment. If ingested, seek medical advice immediately and show the container or the label. Keep away from incompatibles such as oxidizing agents, acids, moisture.

Storage: Keep container tightly closed. Keep container in a cool, well-ventilated area.

Section 8: Exposure Controls/Personal Protection

Engineering Controls:

Use process enclosures, local exhaust ventilation, or other engineering controls to keep airborne levels below recommended exposure limits. If user operations generate dust, fume or mist, use ventilation to keep exposure to airborne contaminants below the exposure limit.

Personal Protection: Safety glasses. Lab coat. Dust respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

Personal Protection in Case of a Large Spill:

Splash goggles. Full suit. Dust respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

Exposure Limits:

TWA: 0.01 from ACGIH (TLV) [United States] [1995] Consult local authorities for acceptable exposure limits.

Section 9: Physical and Chemical Properties

Physical state and appearance: Solid. (Lustrous solid.)

Odor: Not available.

Taste: Not available.

Molecular Weight: 74.92 g/mole

Color: Silvery.

pH (1% soln/water): Not applicable.

Boiling Point: Not available.

Melting Point: Sublimation temperature: 615°C (1139°F)

Critical Temperature: Not available.

Specific Gravity: 5.72 (Water = 1)

Vapor Pressure: Not applicable.

Vapor Density: Not available.

Volatility: Not available.

Odor Threshold: Not available.

Water/Oil Dist. Coeff.: Not available.

lonicity (in Water): Not available.

Dispersion Properties: Not available.

Solubility: Insoluble in cold water, hot water.

Section 10: Stability and Reactivity Data

Stability: The product is stable.

Instability Temperature: Not available.

Conditions of Instability: Not available.

Incompatibility with various substances: Reactive with oxidizing agents, acids, moisture.

Corrosivity: Non-corrosive in presence of glass.

Special Remarks on Reactivity: Not available.

Special Remarks on Corrosivity: Not available.

Polymerization: Will not occur.

Section 11: Toxicological Information

Routes of Entry: Inhalation. Ingestion.

Toxicity to Animals: Acute oral toxicity (LD50): 145 mg/kg [Mouse].

Chronic Effects on Humans:

CARCINOGENIC EFFECTS: Classified A1 (Confirmed for human.) by ACGIH. Causes damage to the following organs: kidneys, lungs, the nervous system, mucous membranes.

Other Toxic Effects on Humans:

Very hazardous in case of ingestion, of inhalation. Slightly hazardous in case of skin contact (irritant).

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans: Not available.

Special Remarks on other Toxic Effects on Humans: Not available.

Section 12: Ecological Information

Ecotoxicity: Not available.

BOD5 and COD: Not available.

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are as toxic as the original product.

Special Remarks on the Products of Biodegradation: Not available.

Section 13: Disposal Considerations

Waste Disposal:

Section 14: Transport Information

DOT Classification: CLASS 6.1: Poisonous material.

Identification: : Arsenic UNNA: UN1558 PG: II

Special Provisions for Transport: Not available.

Section 15: Other Regulatory Information

Federal and State Regulations:

California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer, birth defects or other reproductive harm, which would require a warning under the statute: Arsenic California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer which would require a warning under the statute: Arsenic Pennsylvania RTK: Arsenic Massachusetts RTK: Arsenic TSCA 8(b) inventory: Arsenic

Other Regulations: OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200).

Other Classifications:

WHMIS (Canada):

CLASS D-1A: Material causing immediate and serious toxic effects (VERY TOXIC). CLASS D-2A: Material causing other toxic effects (VERY TOXIC).

DSCL (EEC):

R22- Harmful if swallowed. R45- May cause cancer.

HMIS (U.S.A.):

Health Hazard: 3

Fire Hazard: 1

Reactivity: 2

Personal Protection: E

National Fire Protection Association (U.S.A.):

Health: 3

Flammability: 1

Reactivity: 2

Specific hazard:

Protective Equipment:

Gloves. Lab coat. Dust respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Safety glasses.

Section 16: Other Information

References:

-Hawley, G.G.. The Condensed Chemical Dictionary, 11e ed., New York N.Y., Van Nostrand Reinold, 1987. -Liste des produits purs tératogènes, mutagènes, cancérogènes. Répertoire toxicologique de la Commission de la Santé et de la Sécurité du Travail du Québec. -Material safety data sheet emitted by: la Commission de la Santé et de la Sécurité du Travail du Québec. -SAX, N.I. Dangerous Properties of Indutrial Materials. Toronto, Van Nostrand Reinold, 6e ed. 1984. -The Sigma-Aldrich Library of Chemical Safety Data, Edition II. -Guide de la loi et du règlement sur le transport des marchandises dangeureuses au canada. Centre de conformité internatinal Ltée. 1986.

Other Special Considerations: Not available.

Created: 10/09/2005 04:16 PM

Last Updated: 05/21/2013 12:00 PM

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall ScienceLab.com be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if ScienceLab.com has been advised of the possibility of such damages.





Health	1
Fire	0
Reactivity	0
Personal Protection	E

Material Safety Data Sheet Lead MSDS

Section 1: Chemical Product and Company Identification

Product Name: Lead

Catalog Codes: SLL1291, SLL1669, SLL1081, SLL1459, SLL1834

CAS#: 7439-92-1

RTECS: OF7525000

TSCA: TSCA 8(b) inventory: Lead

Cl#: Not available.

Synonym: Lead Metal, granular; Lead Metal, foil; Lead Metal, sheet; Lead Metal, shot

Chemical Name: Lead

Chemical Formula: Pb

Contact Information:

Sciencelab.com, Inc. 14025 Smith Rd. Houston, Texas 77396

US Sales: 1-800-901-7247 International Sales: 1-281-441-4400

Order Online: ScienceLab.com

CHEMTREC (24HR Emergency Telephone), call: 1-800-424-9300

International CHEMTREC, call: 1-703-527-3887

For non-emergency assistance, call: 1-281-441-4400

Section 2: Composition and Information on Ingredients

Composition:

Name	CAS #	% by Weight
Lead	7439-92-1	100

Toxicological Data on Ingredients: Lead LD50: Not available. LC50: Not available.

Section 3: Hazards Identification

Potential Acute Health Effects: Slightly hazardous in case of skin contact (irritant), of eye contact (irritant), of ingestion, of inhalation.

Potential Chronic Health Effects:

Slightly hazardous in case of skin contact (permeator). CARCINOGENIC EFFECTS: Classified A3 (Proven for animal.) by ACGIH, 2B (Possible for human.) by IARC. MUTAGENIC EFFECTS: Not available. TERATOGENIC EFFECTS: Not available. DEVELOPMENTAL TOXICITY: Not available. The substance may be toxic to blood, kidneys, central nervous system (CNS). Repeated or prolonged exposure to the substance can produce target organs damage.

Section 4: First Aid Measures

Eye Contact:

Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.

Skin Contact: Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.

Serious Skin Contact: Not available.

Inhalation:

If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Serious Inhalation: Not available.

Ingestion:

Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If large quantities of this material are swallowed, call a physician immediately. Loosen tight clothing such as a collar, tie, belt or waistband.

Serious Ingestion: Not available.

Section 5: Fire and Explosion Data

Flammability of the Product: May be combustible at high temperature.

Auto-Ignition Temperature: Not available.

Flash Points: Not available.

Flammable Limits: Not available.

Products of Combustion: Some metallic oxides.

Fire Hazards in Presence of Various Substances: Non-flammable in presence of open flames and sparks, of shocks, of heat.

Explosion Hazards in Presence of Various Substances:

Risks of explosion of the product in presence of mechanical impact: Not available. Risks of explosion of the product in presence of static discharge: Not available.

Fire Fighting Media and Instructions:

SMALL FIRE: Use DRY chemical powder. LARGE FIRE: Use water spray, fog or foam. Do not use water jet.

Special Remarks on Fire Hazards: When heated to decomposition it emits highly toxic fumes of lead.

Special Remarks on Explosion Hazards: Not available.

Section 6: Accidental Release Measures

Small Spill:

Use appropriate tools to put the spilled solid in a convenient waste disposal container. Finish cleaning by spreading water on the contaminated surface and dispose of according to local and regional authority requirements.

Large Spill:

Use a shovel to put the material into a convenient waste disposal container. Finish cleaning by spreading water on the contaminated surface and allow to evacuate through the sanitary system. Be careful that the product is not present at a concentration level above TLV. Check TLV on the MSDS and with local authorities.

Section 7: Handling and Storage

Precautions:

Keep locked up.. Keep away from heat. Keep away from sources of ignition. Empty containers pose a fire risk, evaporate the residue under a fume hood. Ground all equipment containing material. Do not ingest. Do not breathe dust. Wear suitable

protective clothing. If ingested, seek medical advice immediately and show the container or the label. Keep away from incompatibles such as oxidizing agents.

Storage: Keep container tightly closed. Keep container in a cool, well-ventilated area.

Section 8: Exposure Controls/Personal Protection

Engineering Controls:

Use process enclosures, local exhaust ventilation, or other engineering controls to keep airborne levels below recommended exposure limits. If user operations generate dust, fume or mist, use ventilation to keep exposure to airborne contaminants below the exposure limit.

Personal Protection: Safety glasses. Lab coat. Dust respirator. Be sure to use an approved/certified respirator or equivalent. Gloves.

Personal Protection in Case of a Large Spill:

Splash goggles. Full suit. Dust respirator. Boots. Gloves. A self contained breathing apparatus should be used to avoid inhalation of the product. Suggested protective clothing might not be sufficient; consult a specialist BEFORE handling this product.

Exposure Limits:

TWA: 0.05 (mg/m3) from ACGIH (TLV) [United States] TWA: 0.05 (mg/m3) from OSHA (PEL) [United States] TWA: 0.03 (mg/m3) from NIOSH [United States] TWA: 0.05 (mg/m3) [Canada]Consult local authorities for acceptable exposure limits.

Section 9: Physical and Chemical Properties

Physical state and appearance: Solid. (Metal solid.)

Odor: Not available.

Taste: Not available.

Molecular Weight: 207.21 g/mole

Color: Bluish-white. Silvery. Gray

pH (1% soln/water): Not applicable.

Boiling Point: 1740°C (3164°F)

Melting Point: 327.43°C (621.4°F)

Critical Temperature: Not available.

Specific Gravity: 11.3 (Water = 1)

Vapor Pressure: Not applicable.

Vapor Density: Not available.

Volatility: Not available.

Odor Threshold: Not available.

Water/Oil Dist. Coeff.: Not available.

lonicity (in Water): Not available.

Dispersion Properties: Not available.

Solubility: Insoluble in cold water.

Stability: The product is stable.

Instability Temperature: Not available.

Conditions of Instability: Incompatible materials, excess heat

Incompatibility with various substances: Reactive with oxidizing agents.

Corrosivity: Non-corrosive in presence of glass.

Special Remarks on Reactivity:

Can react vigorously with oxidizing materials. Incompatible with sodium carbide, chlorine trifluoride, trioxane + hydrogen peroxide, ammonium nitrate, sodium azide, disodium acetylide, sodium acetylide, hot concentrated nitric acid, hot concentrated hydrochloric acid, hot concentrated sulfuric acid, zirconium.

Special Remarks on Corrosivity: Not available.

Polymerization: Will not occur.

Section 11: Toxicological Information

Routes of Entry: Absorbed through skin. Inhalation. Ingestion.

Toxicity to Animals:

LD50: Not available. LC50: Not available.

Chronic Effects on Humans:

CARCINOGENIC EFFECTS: Classified A3 (Proven for animal.) by ACGIH, 2B (Possible for human.) by IARC. May cause damage to the following organs: blood, kidneys, central nervous system (CNS).

Other Toxic Effects on Humans: Slightly hazardous in case of skin contact (irritant), of ingestion, of inhalation.

Special Remarks on Toxicity to Animals: Not available.

Special Remarks on Chronic Effects on Humans: Not available.

Special Remarks on other Toxic Effects on Humans:

Acute Potential: Skin: Lead metal granules or dust: May cause skin irritation by mechanical action. Lead metal foil, shot or sheets: Not likely to cause skin irritation Eyes: Lead metal granules or dust: Can irritate eyes by mechanical action. Lead metal foil, shot or sheets: No hazard. Will not cause eye irritation. Inhalation: In an industrial setting, exposure to lead mainly occurs from inhalation of dust or fumes. Lead dust or fumes: Can irritate the upper respiratory tract (nose, throat) as well as the bronchi and lungsby mechanical action. Lead dust can be absorbed through the respiratory system. However, inhaled lead does not accumulate in the lungs. All of an inhaled dose is eventually absorbed or transferred to the gastrointestinal tract. Inhalation effects of exposure to fumes or dust of inorganic lead may not develop quickly. Symptoms may include metallic taste, chest pain, decreased physical fitness, fatigue, sleep disturbance, headache, irritability, reduces memory, mood and personality changes, aching bones and muscles, constipation, abdominal pains, decreasing appetite. Inhalation of large amounts may lead to ataxia, deliriuim, convulsions/seizures, coma, and death. Lead metal foil, shot, or sheets: Not an inhalation hazard unless metal is heated. If metal is heated, fumes will be released. Inhalation of these fumes may cause "fume metal fever", which is characterized by flu-like symptoms. Symptoms may include metallic taste, fever, nausea, vomiting, chills, cough, weakness, chest pain, generalized muscle pain/aches, and increased white blood cell count. Ingestion: Lead metal granules or dust: The symptoms of lead poisoning include abdominal pain or cramps (lead cholic), spasms, nausea, vomiting, headache, muscle weakness, hallucinations, distorted perceptions, "lead line" on the gums, metallic taste, loss of appetite, insomnia, dizziness and other symptoms similar to that of inhalation. Acute poisoning may result in high lead levels in the blood and urine, shock, coma and death in extreme cases. Lead metal foil, shot or sheets: Not an ingestion hazard for usual industrial handling.

Section 12: Ecological Information

Ecotoxicity: Not available.

BOD5 and COD: Not available.

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

Special Remarks on the Products of Biodegradation: Not available.

Section 13: Disposal Considerations

Waste Disposal:

Waste must be disposed of in accordance with federal, state and local environmental control regulations.

Section 14: Transport Information

DOT Classification: Not a DOT controlled material (United States).

Identification: Not applicable.

Special Provisions for Transport: Not applicable.

Section 15: Other Regulatory Information

Federal and State Regulations:

California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer, birth defects or other reproductive harm, which would require a warning under the statute: Lead California prop. 65: This product contains the following ingredients for which the State of California has found to cause reproductive harm (female) which would require a warning under the statute: Lead California prop. 65: This product contains the following ingredients for which the State of California prop. 65: This product contains the following ingredients for which the State of California prop. 65: This product contains the following ingredients for which the State of California prop. 65 (no significant risk level): Lead: 0.0005 mg/day (value) California prop. 65: This product contains the following ingredients for which the State of California has found to cause birth defects which would require a warning under the statute: Lead California prop. 65: This product contains the following ingredients for which the State of California has found to cause birth defects which would require a warning under the statute: Lead California prop. 65: This product contains the following ingredients for which the State of California has found to cause birth defects which would require a warning under the statute: Lead California prop. 65: This product contains the following ingredients for which the State of California has found to cause cancer which would require a warning under the statute: Lead Connecticut hazardous material survey.: Lead Illinois toxic substances disclosure to employee act: Lead Illinois chemical safety act: Lead New York release reporting list: Lead Rhode Island RTK hazardous substances: Lead Pennsylvania RTK: Lead

Other Regulations:

OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200). EINECS: This product is on the European Inventory of Existing Commercial Chemical Substances.

Other Classifications:

WHMIS (Canada): CLASS D-2A: Material causing other toxic effects (VERY TOXIC).

DSCL (EEC):

R20/22- Harmful by inhalation and if swallowed. R33- Danger of cumulative effects. R61- May cause harm to the unborn child. R62- Possible risk of impaired fertility. S36/37- Wear suitable protective clothing and gloves. S44- If you feel unwell, seek medical advice (show the label when possible). S53- Avoid exposure - obtain special instructions before use.

HMIS (U.S.A.):

Health Hazard: 1

Fire Hazard: 0

Reactivity: 0

Personal Protection: E

National Fire Protection Association (U.S.A.):

Health: 1

Flammability: 0

Reactivity: 0

Specific hazard:

Protective Equipment:

Gloves. Lab coat. Dust respirator. Be sure to use an approved/certified respirator or equivalent. Wear appropriate respirator when ventilation is inadequate. Safety glasses.

Section 16: Other Information

References: Not available.

Other Special Considerations: Not available.

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Last Updated: 05/21/2013 12:00 PM

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Safety Data Sheet

Revision Date: 12/23/16 www.restek.com

1. IDENTIFICATION

Catalog Number / Product Name: Company: Address:

Phone#: Fax#: Emergency#:

Email: Revision Number: Intended use:

32203 / 4,4'-DDT Standard Restek Corporation 110 Benner Circle Bellefonte, Pa. 16823 814-353-1300 814-353-1309 800-424-9300 (CHEMTREC) 703-527-3887 (Outside the US) www.restek.com

For Laboratory use only

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2. HAZARD(S)IDENTIFICATION

Emergency Overview:

GHS Hazard Symbols:



GHS Classification:	Specific Target Organ Systemic Toxicity (STOT) - Single Exposure Category 1 Flammable Liquid Category 2 Acute Toxicity - Inhalation Dust / Mist Category 3 Acute Toxicity - Dermal Category 3 Acute Toxicity - Oral Category 3	
GHS Signal Word:	Danger	
GHS Hazard:	flammable liquid and vapour. f swallowed, in contact with skin or if inhaled. s damage to organs.	
GHS Precautions:		
Safety Precautions:	Keep away from heat/sparks/open flames/hot surfaces. – No smoking. Ground/bond container and receiving equipment. Use explosion-proof electrical/ventilation and lighting equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Do not breathe dust/fume/gas/mist/vapours/spray. Wash hands and skin thoroughly after handling. Do not eat, drink or smoke when using this product. Use only outdoors or in a well-ventilated area. Wear protective gloves/protective clothing/eye protection/face protection.	
First Aid Measures:	IF SWALLOWED: Immediately call a POISON CENTER/doctor/ IF ON SKIN: Wash with plenty of soap and water. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF exposed: Call a POISON CENTER or doctor/physician. Call a POISON CENTER or doctor/physician. Call a POISON CENTER or doctor/physician if you feel unwell. Specific treatment see section 4. Rinse mouth. Take off immediately all contaminated clothing and wash it before reuse. In case of fire: Use extinguishing media in section 5 for extinction.	

Storage:	Store in a well-ventilated place. Keep container tightly closed. Store in a well-ventilated place. Keep cool. Store locked up.
Disposal:	Dispose of contents/container according to section 13 of the SDS.
Single Exposure Target Organs:	No data available.
Repeated Exposure Target Organs:	No data available.

3. COMPOSITION / INFORMATION ON INGREDIENT

Chemical Name	CAS #	EINEC #	% Composition
methanol	67-56-1	200-659-6	99.900000
4,4'-DDT	50-29-3	200-024-3	0.100000

4. FIRST-AID MEASURES

Inhalation:	Remove to fresh air. If breathing is difficult, have a trained individual administer oxygen. If not breathing, give artificial respiration and have a trained individual administer oxygen. Get medical attention immediately
Eyes:	Flush eyes with plenty of water for at least 20 minutes retracting eyelids often. Tilt the head to prevent chemical from transferring to the uncontaminated eye. Get immediate medical attention.
Skin Contact:	Wash with soap and water. Remove contaminated clothing and launder. Get medical attention if irritation develops or persists.
Ingestion:	Do not induce vomiting and seek medical attention immediately. Drink two glasses of water or milk to dilute. Provide medical care provider with this SDS.

5. FIRE- FIGHTING MEASURES

Use alcohol resistant foam, carbon dioxide, or dry chemical extinguishing agents. Water may be ineffective but water spray can be used extinguish a fire if swept across the base of the flames. Water can absorb heat and keep exposed material from being damaged by fire.	
Vapors may be ignited by sparks, flames or other sources of ignition if material is above the flash point giving rise to a fire (Class B). Vapors are	
Do not enter fire area without proper protection including self-contained breathing apparatus and full protective equipment. Fight fire from a safe distance and a protected location due to the potential of hazardous vapors and decomposition products. Flammable component(s) of this material may be lighter than water and burn while floating on the surface. Carbon dioxide, Carbon monoxide	
3	
Exposure to the spilled material may be severely irritating or toxic. Follow personal protective equipment recommendations found in Section 8 of this SDS. Personal protective equipment needs must be evaluated based on information provided on this sheet and the special circumstances created by the spill including; the material spilled, the quantity of the spill, the area in which the spill occurred, and the expertise of employees in the area responding to the spill. Never exceed any occupational exposure limits. Prevent the spread of any spill to minimize harm to human health and the environment if safe to do so. Wear complete and proper personal protective equipment following the recommendation of Section 8 at a minimum. Dike with suitable absorbent material like granulated clay. Gather and store in a sealed container pending a waste disposal	
	agents. Water may be ineffective but water spray can be used extinguish a fire if swept across the base of the flames. Water can absorb heat and keep exposed material from being damaged by fire. Vapors may be ignited by sparks, flames or other sources of ignition if material is above the flash point giving rise to a fire (Class B). Vapors are heavier than air and may travel to a source of ignition and flash back. Do not enter fire area without proper protection including self-contained breathing apparatus and full protective equipment. Fight fire from a safe distance and a protected location due to the potential of hazardous vapors and decomposition products. Flammable component(s) of this material may be lighter than water and burn while floating on the surface. Carbon dioxide, Carbon monoxide Exposure to the spilled material may be severely irritating or toxic. Follow personal protective equipment recommendations found in Section 8 of this SDS. Personal protective equipment needs must be evaluated based on information provided on this sheet and the special circumstances created by the spill including; the material spilled, the quantity of the spill, the area in which the spill occurred, and the expertise of employees in the area responding to the spill. Never exceed any occupational exposure limits. Prevent the spread of any spill to minimize harm to human health and the environment if safe to do so. Wear complete and proper personal protective equipment following the recommendation of Section 8 at a

Handling Technical Measures and Precautions:Toxic or severely irritating material. Avoid contacting and avoid breathing the material. Use only in a well ventilated area. Use spark-proof tools and explosion-proof equipmentStorage Technical Measures and Conditions:Store in a cool dry ventilated location. Isolate from incompatible materials and conditions. Keep container(s) closed. Keep away from sources of ignition				well ventilated area. Use of equipment n. Isolate from ns. Keep container(s)	
8. EXPOSURE CON	TROLS / PER	SONAL PROT	ECTION		
United States: Chemical Name	CAS No.	IDLH	ACGIH STEL	ACGIH TLV-TWA	OSHA Exposure Limit
methanol	67-56-1	6000 ppm IDLH	250 ppm STEL	200 ppm TWA	200 ppm TWA; 260 mg/m3 TWA
4,4'-DDT	50-29-3	500 mg/m3 IDLH		1 mg/m3 TWA	1 mg/m3 TWA (listed under Dichlorodiphenyltric hloroethane)
	ersonal Protection: Engineering Measures: Engineering Measures: Local exhaust ventilation is recommended when generating excessive level vapors from handling or thermal processing. Respiratory Protection: Respiratory protection may be required to avoid overexposure when handling product. General or local exhaust ventilation is not available or sufficient to eliminate symptoms. If an exposure limit is exceeded or if an operator is experiencing symptoms of inhalation overexposure as explained in Section provide respiratory protection.			sing. to avoid overexposure when handling this ation is the preferred means of protection. ion is not available or sufficient to is exceeded or if an operator is	
Eye Protection: Skin Protection:			Wear chemically resistant safety glasses with side shields when handling this product. Do not wear contact lenses. Wear protective gloves. Inspect gloves for chemical break-through and replace at regular intervals. Clean protective equipment regularly. Wash hands and other exposed areas with mild soap and water before eating, drinking, and when leaving work		

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance, color:	No data available.
Odor:	Mild
Physical State:	No data available.
pH:	No data available.
Vapor Pressure:	No data available.
Vapor Density:	1.1 (air = 1)
Boiling Point:	No data available.
Melting Point:	-98 °C
Flash Point:	52
Flammability:	Highly Flammable
Upper Flammable/Explosive Limit, % in air:	36
Lower Flammable/Explosive Limit, % in air:	6
Autoignition Temperature:	464 deg C
Decomposition Temperature:	No data available.
Specific Gravity:	0.791 - 0.792 g/cm3 at 20 °C
Evaporation Rate:	No data available.
Odor Threshold:	No data available.
Solubility:	Moderate; 50-99%
Partition Coefficient: n-octanol in water:	No data available.
VOC % by weight:	99.9
Molecular Weight:	32.04

10. STABILITY AND REACTIVITY

Stability: Conditions to Avoid:	
Materials to Avoid / Chemical Incompatiability: Hazardous Decomposition Products:	

Stable under normal conditions. No data available. Strong oxidizing agents Carbon dioxide Carbon monoxide

11. TOXICOLOGICAL INFORMATION

Routes of Entry: Target Organs Potentia	Ily Affected By Exposure:	Inhalation, Skin Contact, Eye Contact, Ingestion Eyes, Central nervous system stimulation, Skin, GI Tract, Respiratory Tract
Chemical Interactions T	hat Change Toxicity:	None Known
Immediate (Acute) Healt Inhalation Irritation:	•	osure: Diratory irritation, dizziness, weakness, fatigue, nausea
Inhalation Toxicity:	central nervous system de	emic damage (see "Target Organs)Methanol can cause epression and overexposure can cause damage to the
Skin Contact:		sual impairment or blindness. irritation, defatting, and dermatitis. Not likely to cause
Eye Contact:		ation, tearing and reddening, but not likely to
Ingestion Irritation:		and stomach. Can cause abdominal discomfort, rrhea.Highly toxic and may be fatal if swallowed.
Ingestion Toxicity:	Toxic if swallowed. May c swallowed.	ause target organ failure and/or death.May be fatal if
Long-Term (Chronic) He Carcinogenicity: Reproductive and Deve Inhalation:	lopmental Toxicity:	Contains a probable or known human carcinogen. Contains a known human reproductive and/or developmental hazard. Upon prolonged and/or repeated exposure, can cause
Skin Contact:		moderate respiratory irritation, dizziness, weakness, fatigue, nausea and headache.Harmful! Can cause systemic damage upon prolonged and/or repeated exposure (see "Target Organs) Upon prolonged or repeated contact, can cause moderate skin irritation, defatting, and dermatitis. Not likely to cause permanent damage.
Ingestion:		Toxic if swallowed. May cause target organ failure and/or death.
Component Toxicologic	al Data:	
NIOSH: Chemical Name	CAS No.	LD50/LC50
Methanol	67-56-1	Inhalation LC50 Rat 22500 ppm 8 h
DDT	50-29-3	Dermal LD50 Rabbit 300 - 2820 mg/kg
Component Carcinogen OSHA:		
Chemical Name	CAS No. 50-29-3	Present
	50-23-5	i losciti
ACGIH: Chemical Name	CAS No.	
DDT	50-29-3	A3 - Confirmed Animal Carcinogen with Unknown Relevance to Humans
NIOSH: Chemical Name	CAS No.	
DDT	50-29-3	potential occupational carcinogen
NTP: Chemical Name No data available.	CAS No.	
IARC: Chemical Name	CAS No.	Group No. Group 1
No data. DDT No data.	50-29-3	Group 1 Group 2A Group 2B

12. ECOLOGICAL INFORMATION

Moderate ecological hazard. This product may be dangerous

Mobility: Persistence: Bioaccumulation: Degradability: Ecological Toxicity Data:

13. DISPOSAL CONSIDERATIONS

Waste Description of Spent Product: Disposal Methods:	Spent or discarded material is a hazardous waste. Dispose of by incineration following Federal, State, Local, or Provincial regulations.
Waste Disposal of Packaging:	Comply with all Local, State, Federal, and Provincial Environmental Regulations.

No data

No data

No data

to plants and/or wildlife.

Biodegrades slowly.

No data available.

14. TRANSPORTATION INFORMATION

United States: DOT Proper Shipping Name: UN Number: Hazard Class: Packing Group:	Methanol UN1230 3 II
International: IATA Proper Shipping Name: UN Number: Hazard Class: Packing Group:	Methanol UN1230 3(6.1) II

Marine Pollutant: No

Chemical Name	CAS#	Marine Pollutant	Severe Marine Pollutant
No data available.			

15. REGULATORY INFORMATION

United States: Chemical Name	CAS#	CERCLA	SARA 313	SARA EHS 313	TSCA
methanol	67-56-1	Х	Х	-	Х
4,4'-DDT	50-29-3	Х	-	-	Х

The following chemicals are listed on CA Prop 65:

Chemical Name	CAS #	Regulation
DDT	50-29-3	Prop 65 Cancer
Methanol	67-56-1	Prop 65 Devolop Tox
p,p"-DDT	50-29-3	Prop 65 Devolop Tox
p,p"-DDT	50-29-3	Prop 65 Rep Female
p,p"-DDT	50-29-3	Prop 65 Rep Male

State Right To Know Listing:

Chemical Name	CAS#	New Jersey	Massachusetts	Pennsylvania	California
methanol	67-56-1	Х	Х	Х	Х
4,4'-DDT	50-29-3	Х	Х	Х	Х

16. OTHER INFORMATION

Prior Version Date:	09/30/14
Other Information:	Any changes to the SDS compared to previous versions are marked by a vertical
	line in front of the concerned paragraph.
References:	No data available.
Disclaimer:	Restek Corporation provides the descriptions, data and information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. It is provided for your guidance only. Because many factors may affect processing or application/use, Restek Corporation recommends you perform an assessment to determine the suitability of a product for your particular purpose

prior to use. No warranties of any kind, either expressed or implied, including fitness for a particular purpose, are made regarding prodcuts described, data or information set forth. In no case shall the descriptions, information, or data provided be considered a part of our terms and conditions of sale. Further, the descriptions, data and information furnished hereunder are given gratis. No obligation or liability for the description, data and information given are assumed. All such being given and accepted at your risk.



Safety Data Sheet

Revision Date: 12/23/16 www.restek.com

1. IDENTIFICATION

Catalog Number / Product Name: Company: Address:

Phone#: Fax#: Emergency#:

Email: Revision Number: Intended use:

32218 / Dieldrin Standard

Restek Corporation 110 Benner Circle Bellefonte, Pa. 16823 814-353-1300 814-353-1309 800-424-9300 (CHEMTREC) 703-527-3887 (Outside the US) www.restek.com 6 For Laboratory use only

2. HAZARD(S)IDENTIFICATION

Emergency Overview:

GHS Hazard Symbols:





GHS Classification:	Specific Target Organ Systemic Toxicity (STOT) - Single Exposure Category 1 Flammable Liquid Category 2 Acute Toxicity - Inhalation Dust / Mist Category 3 Acute Toxicity - Dermal Category 3 Acute Toxicity - Oral Category 3
GHS Signal	Danger
Word: GHS Hazard: GHS Precautions:	Highly flammable liquid and vapour. Toxic if swallowed, in contact with skin or if inhaled. Causes damage to organs.
Safety Precautions:	Keep away from heat/sparks/open flames/hot surfaces. – No smoking. Ground/bond container and receiving equipment. Use explosion-proof electrical/ventilation and lighting equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Do not breathe dust/fume/gas/mist/vapours/spray. Wash hands and skin thoroughly after handling. Do not eat, drink or smoke when using this product. Use only outdoors or in a well-ventilated area. Wear protective gloves/protective clothing/eye protection/face protection.
First Aid Measures:	 IF SWALLOWED: Immediately call a POISON CENTER/doctor/ IF ON SKIN: Wash with plenty of soap and water. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF exposed: Call a POISON CENTER or doctor/physician. Call a POISON CENTER or doctor/physician if you feel unwell. Specific treatment see section 4. Rinse mouth. Take off immediately all contaminated clothing and wash it before reuse. In case of fire: Use extinguishing media in section 5 for extinction.

Storage:	Store in a well-ventilated place. Keep container tightly closed. Store in a well-ventilated place. Keep cool. Store locked up.
Disposal:	Dispose of contents/container according to section 13 of the SDS.
Single Exposure Target Organs:	No data available.
Repeated Exposure Target Organs:	No data available.

3. COMPOSITION / INFORMATION ON INGREDIENT

Chemical Name	CAS #	EINEC #	% Composition
methanol	67-56-1	200-659-6	99.900000
dieldrin	60-57-1	200-484-5	0.100000

4. FIRST-AID MEASURES

Inhalation:	Remove to fresh air. If breathing is difficult, have a trained individual administer oxygen. If not breathing, give artificial respiration and have a trained individual administer oxygen. Get medical attention immediately
Eyes:	Flush eyes with plenty of water for at least 20 minutes retracting eyelids often. Tilt the head to prevent chemical from transferring to the uncontaminated eye. Get immediate medical attention.
Skin Contact:	Wash with soap and water. Remove contaminated clothing and launder. Get medical attention if irritation develops or persists.
Ingestion:	Do not induce vomiting and seek medical attention immediately. Drink two glasses of water or milk to dilute. Provide medical care provider with this SDS.

5. FIRE- FIGHTING MEASURES

Extinguishing Media:	Use alcohol resistant foam, carbon dioxide, or dry chemical extinguishing agents. Water may be ineffective but water spray can be used extinguish a fire if swept across the base of the flames. Water can absorb heat and keep exposed material from being damaged by fire.
Fire and/or Explosion Hazards:	Vapors may be ignited by sparks, flames or other sources of ignition if material is above the flash point giving rise to a fire (Class B). Vapors are heavier than air and may travel to a source of ignition and flash back.
Fire Fighting Methods and Protection: Hazardous Combustion Products:	Do not enter fire area without proper protection including self-contained breathing apparatus and full protective equipment. Fight fire from a safe distance and a protected location due to the potential of hazardous vapors and decomposition products. Flammable component(s) of this material may be lighter than water and burn while floating on the surface. Carbon dioxide, Carbon monoxide
6. ACCIDENTAL RELEASE MEASURES	
Personal Precautions and Equipment:	Exposure to the spilled material may be severely irritating or toxic. Follow personal protective equipment recommendations found in Section 8 of this SDS. Personal protective equipment needs must be evaluated based on information provided on this sheet and the special circumstances created by the spill including; the material spilled, the quantity of the spill, the area in which the spill occurred, and the expertise of employees in the area responding to the spill. Never exceed any occupational exposure limits.
Methods for Clean-up:	Prevent the spread of any spill to minimize harm to human health and the environment if safe to do so. Wear complete and proper personal protective equipment following the recommendation of Section 8 at a minimum. Dike with suitable absorbent material like granulated clay. Gather and store in a sealed container pending a waste disposal evaluation.

Handling Technic	al Measures ar	nd Precautions	breathing the	Toxic or severely irritating material. Avoid contacting and avoid breathing the material. Use only in a well ventilated area. Use spark-proof tools and explosion-proof equipment		
Storage Technical Measures and Conditions:		Store in a cool dry ventilated location. Isolate from incompatible materials and conditions. Keep container(s) closed. Keep away from sources of ignition				
8. EXPOSURE CO	NTROLS / PER	SONAL PROT	ECTION			
United States: Chemical Name	CAS No.	IDLH	ACGIH STEL	ACGIH TLV-TWA	OSHA Exposure Limit	
methanol	67-56-1	6000 ppm IDLH	250 ppm STEL	200 ppm TWA	200 ppm TWA; 260 mg/m3 TWA	
dieldrin	60-57-1	ND		0.1 mg/m3 TWA (inhalable fraction and vapor)	0.25 mg/m3 TWA	
			entilation is recommended Idling or thermal processi	d when generating excessive levels of		
Respiratory Protection: R p U e e		Respiratory prot product. Genera Use a respirator eliminate sympt	ection may be required to al or local exhaust ventilat if general room ventilatio oms.If an exposure limit is mptoms of inhalation over	avoid overexposure when handling this ion is the preferred means of protection. In is not available or sufficient to s exceeded or if an operator is rexposure as explained in Section 3,		
Eye Protection:		Wear chemically resistant safety glasses with side shields when handling this product. Do not wear contact lenses.				
Skin Protection:		Wear regula		gloves. Inspect gloves fo . Clean protective equipm	r chemical break-through and replace at nent regularly. Wash hands and other before eating, drinking, and when	

9. PHYSICAL AND CHEMICAL PROPERTIES	j	
Appearance, color:	No data available.	
Odor:	Mild	
Physical State:	No data available.	
pH:	No data available.	
Vapor Pressure:	No data available.	
Vapor Density:	1.1 (air = 1)	
Boiling Point:	No data available.	
Melting Point:	-98 °C	
Flash Point:	52	
Flammability:	Highly Flammable	
Upper Flammable/Explosive Limit, % in air:	36	
Lower Flammable/Explosive Limit, % in air:	: 6	
Autoignition Temperature:	464 deg C	
Decomposition Temperature:	No data available.	
Specific Gravity:	0.791 - 0.792 g/cm3 at 20 °C	
Evaporation Rate:	No data available.	
Odor Threshold:	No data available.	
Solubility:	Moderate; 50-99%	
Partition Coefficient: n-octanol in water:	No data available.	
VOC % by weight:	99.9	
Molecular Weight:	32.04	
10. STABILITY AND REACTIVITY		
Stability:	Stable under normal conditions.	
Conditions to Avoid:	No data available.	
Materials to Avoid / Chemical Incompatiabili		
Hazardous Decomposition Products:	Carbon dioxide Carbon monoxide	
14 TOVICOLOCICAL INFORMATION		
11. TOXICOLOGICAL INFORMATION		

Inhalation, Skin Contact, Eye Contact, Ingestion

	ally Affected By Exposure That Change Toxicity:	 Eyes, Central nervous system stimulation, Skin, GI Tract, Respiratory Tract None Known
Immediate (Acute) Hee	Ith Effects by Route of Ex	nosure.
Inhalation Irritation:		posure: piratory irritation, dizziness, weakness, fatigue, nausea
Inhalation Toxicity:	and headache. Harmful! Can cause syst	temic damage (see "Target Organs)Methanol can cause depression and overexposure can cause damage to the
Skin Contact:	optic nerve resulting in v	n irritation, defatting, and dermatitis. Not likely to cause
Eye Contact:		tation, tearing and reddening, but not likely to
Ingestion Irritation:	Irritating to mouth, throat	t, and stomach. Can cause abdominal discomfort, arrhea.Highly toxic and may be fatal if swallowed.
Ingestion Toxicity:		cause target organ failure and/or death.May be fatal if
Long-Term (Chronic) H	lealth Effects:	
Carcinogenicity:		Contains a probable or known human carcinogen.
Reproductive and Dev	elopmental Toxicity:	Contains a known human reproductive and/or
Inhalation:		developmental hazard. Upon prolonged and/or repeated exposure, can cause moderate respiratory irritation, dizziness, weakness, fatigue,
		nausea and headache.Harmful! Can cause systemic damage upon prolonged and/or repeated exposure (see "Target Organs)
Skin Contact:		Upon prolonged or repeated contact, can cause moderate skin irritation, defatting, and dermatitis. Not likely to cause permanent damage.
Ingestion:		Toxic if swallowed. May cause target organ failure and/or death.
Component Toxicologi NIOSH:	cal Data:	
Chemical Name	CAS No.	LD50/LC50
Methanol	67-56-1	Inhalation LC50 Rat 22500 ppm 8 h
Component Carcinoge OSHA:	nic Data:	
Chemical Name No data available.	CAS No.	
ACGIH: Chemical Name No data available.	CAS No.	
NIOSH: Chemical Name	CAS No.	
No data available.		
NTP:		
Chemical Name No data available.	CAS No.	
IARC:		
Chemical Name	CAS No.	Group No.
No data. No data.		Group 1 Group 2A
No data. No data.		Group 2A Group 2B
12. ECOLOGICAL INFO		
Overview:		Moderate ecological hazard. This product may be dangero
		to plants and/or wildlife.
Mobility:		No data
Persistence:		No data

13. DISPOSAL CONSIDERATIONS

Waste Description of Spent Product: Disposal Methods: Waste Disposal of Packaging:	Spent or discarded material is a hazardous waste. Dispose of by incineration following Federal, State, Local, or Provincial regulations. Comply with all Local, State, Federal, and Provincial
	Environmental Regulations.

14. TRANSPORTATION INFORMATION

United States:	
DOT Proper Shipping Name:	Methanol
UN Number:	UN1230
Hazard Class:	3
Packing Group:	II
International:	
IATA Proper Shipping Name:	Methanol
UN Number:	UN1230
Hazard Class:	3(6.1)
Packing Group:	II`´

Marine Pollutant: No

Chemical Name	CAS#	Marine Pollutant	Severe Marine Pollutant
No data available.			

15. REGULATORY INFORMATION

United States: Chemical Name	CAS#	CERCLA	SARA 313	SARA EHS 313	TSCA	
methanol	67-56-1	Х	Х	-	Х	
dieldrin	60-57-1	Х	-	-	-	

The following chemicals are listed on CA Prop 65:

Chemical Name	CAS #	Regulation
Dieldrin	60-57-1	Prop 65 Cancer
Methanol	67-56-1	Prop 65 Devolop Tox

State Right To Know Listing:

Chemical Name	CĀS#	New Jersey	Massachusetts	Pennsylvania	California
methanol	67-56-1	Х	Х	Х	Х
dieldrin	60-57-1	Х	Х	Х	Х

16. OTHER INFORMATION

Prior Version Date:	04/28/14
Other Information:	Any changes to the SDS compared to previous versions are marked by a vertical
	line in front of the concerned paragraph.
References:	No data available.
Disclaimer:	Restek Corporation provides the descriptions, data and information contained
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and accepted at your risk.



Safety Data Sheet

Revision Date: 01/17/18 www.restek.com

2 Letter ISO country code/language code: US/EN

1. IDENTIFICATION

Catalog Number / Product Name: Company: Address:

Phone#: Fax#: Emergency#:

Email: Revision Number: Intended use:

2. HAZARD(S)IDENTIFICATION

Emergency Overview:

GHS Hazard Symbols:





32228 / Heptachlor Standard

800-424-9300 (CHEMTREC) 703-527-3887 (Outside the US)

Restek Corporation

110 Benner Circle Bellefonte, Pa. 16823

814-353-1300

814-353-1309

www.restek.com

For Laboratory use only

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GHS Classification:	Specific Target Organ Systemic Toxicity (STOT) - Single Exposure Category 1 Flammable Liquid Category 2 Carcinogenicity Category 2 Acute Toxicity - Dermal Category 3 Acute Toxicity - Oral Category 3
GHS Signal Word:	Danger
GHS Hazard:	Highly flammable liquid and vapour. Toxic if swallowed or in contact with skin. Suspected of causing cancer. Causes damage to organs.
GHS Precautions:	
Safety Precautions:	Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Keep away from heat/sparks/open flames/hot surfaces. – No smoking. Keep container tightly closed. Ground/bond container and receiving equipment. Use explosion-proof electrical/ventilation and lighting equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Do not breathe dust/fume/gas/mist/vapours/spray. Wash hands and skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear protective gloves/protective clothing/eye protection/face protection.
First Aid Measures:	IF SWALLOWED: Immediately call a POISON CENTER/doctor/ IF ON SKIN: Wash with plenty of soap and water. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF exposed: Call a POISON CENTER or doctor/physician. IF exposed or concerned: Get medical advice/attention. Call a POISON CENTER or doctor/physician if you feel unwell. Specific treatment see section 4.

	Rinse mouth. Take off immediately all contaminated clothing and wash it before reuse. In case of fire: Use extinguishing media in section 5 for extinction.
Storage:	Keep container tightly closed. Store in a well-ventilated place. Keep cool. Store locked up.
Disposal:	Dispose of contents/container according to section 13 of the SDS.
Single Exposure Target Organs: Repeated Exposure	 Specific target organ toxicity - Single exposure - STOT SE 1: H370 Causes damage to organs. (C >= 10 %; No information to prove exclusion of certain routes of exposure); Specific target organ toxicity - Single exposure - STOT SE 2: H371 May cause damage to organs. (3 % <= C <10 %; Concentration limits for acute toxicity cannot be translated into GHS from the DSD especially when minimum classifications are given) Specific target organ toxicity - Repeated exposure - STOT RE 2: H373 May cause damage to organs through prolonged or repeated exposure. (Minimum classification, No information to prove exclusion of certain routes of
Target Organs:	exposure)

3. COMPOSITION / INFORMATION ON INGREDIENT

Chemical Name	CAS #	EINEC #	% Composition
methanol	67-56-1	200-659-6	99.9
heptachlor	76-44-8	200-962-3	0.1

4. FIRST-AID MEASURES

Inhalation:	Remove to fresh air. If breathing is difficult, have a trained individual administer oxygen. If not breathing, give artificial respiration and have a trained individual administer oxygen. Get medical attention immediately
Eyes:	Flush eyes with plenty of water for at least 20 minutes retracting eyelids often. Tilt the head to prevent chemical from transferring to the uncontaminated eye. Get immediate medical attention.
Skin Contact:	Wash with soap and water. Remove contaminated clothing and launder. Get medical attention if irritation develops or persists.
Ingestion:	Do not induce vomiting and seek medical attention immediately. Drink two glasses of water or milk to dilute. Provide medical care provider with this SDS.

5. FIRE- FIGHTING MEASURES

Extinguishing Media: Fire and/or Explosion Hazards:	Use alcohol resistant foam, carbon dioxide, or dry chemical extinguishing agents. Water may be ineffective but water spray can be used extinguish a fire if swept across the base of the flames. Water can absorb heat and keep exposed material from being damaged by fire. Vapors may be ignited by sparks, flames or other sources of ignition if material is above the flash point giving rise to a fire (Class B). Vapors are
Fire Fighting Methods and Protection: Hazardous Combustion Products:	heavier than air and may travel to a source of ignition and flash back. Do not enter fire area without proper protection including self-contained breathing apparatus and full protective equipment. Fight fire from a safe distance and a protected location due to the potential of hazardous vapors and decomposition products. Flammable component(s) of this material may be lighter than water and burn while floating on the surface. Carbon dioxide, Carbon monoxide
6. ACCIDENTAL RELEASE MEASURES	
Personal Precautions and Equipment:	Exposure to the spilled material may be severely irritating or toxic. Follow personal protective equipment recommendations found in Section 8 of this SDS. Personal protective equipment needs must be evaluated based on information provided on this sheet and the special circumstances created by the spill including; the material spilled, the quantity of the spill, the area in which the spill occurred, and the expertise of employees in the area responding to the spill. Never exceed any occupational exposure limits.
Methods for Clean-up:	Prevent the spread of any spill to minimize harm to human health and the environment if safe to do so. Wear complete and proper personal protective equipment following the recommendation of Section 8 at a

minimum. Dike with suitable absorbent material like granulated clay. Gather and store in a sealed container pending a waste disposal evaluation.

7. HANDLING AND STORAGE				
Handling Technical Measures and Precautions:	Toxic or severely irritating material. Avoid contacting and avoid breathing the material. Use only in a well ventilated area. Use spark-proof tools and explosion-proof equipment			
Storage Technical Measures and Conditions:	Store in a cool dry ventilated location. Isolate from incompatible materials and conditions. Keep container(s) closed. Keep away from sources of ignition			

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

United States: Chemical Name	CAS No.	IDLH	ACGIH STEL	ACGIH TLV-TWA	OSHA Exposure
methanol	67-56-1	6000 ppm IDLH	250 ppm STEL	200 ppm TWA	Limit 200 ppm TWA; 260 mg/m3 TWA
heptachlor	76-44-8	35 mg/m3 IDLH	None Known	0.05 mg/m3 TWA	0.5 mg/m3 TWA
			vapours from ha Respiratory product. Genera Use a respirator eliminate sympt experiencing sy provide respirat Wear chemically product. Do not Wear protective regular intervals	andling or thermal proce tection may be required al or local exhaust ventilat oms.If an exposure limit mptoms of inhalation ov ory protection. y resistant safety glasse wear contact lenses. gloves. Inspect gloves f s. Clean protective equip	ed when generating excessive levels of ssing. to avoid overexposure when handling this ation is the preferred means of protection. ion is not available or sufficient to is exceeded or if an operator is erexposure as explained in Section 3, s with side shields when handling this for chemical break-through and replace at ment regularly. Wash hands and other r before eating, drinking, and when

9. PHYSICAL AND CHEMICAL PROPERTIES

9. FHI SICAL AND CHEMICAL PROPERTIES	2
Appearance, color:	No data available
Odor:	Mild
Physical State:	No data available
pH:	Not applicable
Vapor Pressure:	No data available
Vapor Density:	1.1 (air = 1)
Boiling Point (°C):	64.7 °C at 760 mmHg (HSDB)
Melting Point (°C):	-98 °C
Flash Point (°F):	52
Flammability:	Highly Flammable
Upper Flammable/Explosive Limit, % in air:	36
Lower Flammable/Explosive Limit, % in air:	6
Autoignition Temperature (°C):	464 deg C
Decomposition Temperature (°C):	No data available
Specific Gravity:	0.791 - 0.792 g/cm3 at 20 °C
Evaporation Rate:	No data available
Odor Threshold:	No data available
Solubility:	Moderate; 50-99%
Partition Coefficient: n-octanol in water:	No data available
VOC % by weight:	0
Molecular Weight:	32.04

10. STABILITY AND REACTIVITY

Stability: Conditions to Avoid:

Conditions to Avoid:
Materials to Avoid / Chemical Incompatiability:
Hazardous Decomposition Products:

Stable under normal conditions. None known. Strong oxidizing agents Carbon dioxide Carbon monoxide

11. TOXICOLOGICAL INFORMATION

TT. TOXICOLOGICAL IN	FORMATION				
Routes of Entry: Target Organs Potential	ly Affected By Exposure:	Inhalation, Skin Contact, Eye Contact, Ingestion Eyes, Central nervous system stimulation, Skin, GI Tract, Respiratory Tract			
Chemical Interactions That Change Toxicity: None Known					
Immediate (Acute) Healtl Inhalation Irritation:	h Effects by Route of Exp Can cause moderate resp and headache.	<u>osure:</u> iratory irritation, dizziness, weakness, fatigue, nausea			
Inhalation Toxicity:	Harmful! Can cause systemic damage (see "Target Organs)Methanol can cause central nervous system depression and overexposure can cause damage to the				
Skin Contact:	optic nerve resulting in visual impairment or blindness. Can cause moderate skin irritation, defatting, and dermatitis. Not likely to cause permanent damage.				
Eye Contact:		Can cause moderate irritation, tearing and reddening, but not likely to			
Ingestion Irritation:	permanently injure eye tissue. Irritating to mouth, throat, and stomach. Can cause abdominal discomfort, nausea, vomiting and diarrhea.Highly toxic and may be fatal if swallowed.				
Ingestion Toxicity:	Toxic if swallowed. May ca swallowed.	ause target organ failure and/or death.May be fatal if			
Long-Term (Chronic) He Carcinogenicity: Reproductive and Devel	opmental Toxicity:	Contains a probable or known human carcinogen. No data available to indicate product or any components present at greater than 0.1% may cause birth defects.			
Inhalation: Skin Contact:		Upon prolonged and/or repeated exposure, can cause moderate respiratory irritation, dizziness, weakness, fatigue, nausea and headache.Harmful! Can cause systemic damage upon prolonged and/or repeated exposure (see "Target Organs) Upon prolonged or repeated contact, can cause moderate skin irritation, defatting, and dermatitis. Not likely to cause permanent damage.			
Ingestion:		Toxic if swallowed. May cause target organ failure and/or death.			
Component Toxicologica	al Data:				
NIOSH:					
Chemical Name	CAS No.	LD50/LC50			
Heptachlor Methanol	76-44-8 67-56-1	Dermal LD50 Rabbit 780 mg/kg Inhalation LC50 Rat 22500 ppm 8 h			
Component Carcinogeni					
Chemical Name	CAS No.				
Heptachlor	76-44-8	Present			
ACGIH: Chemical Name Heptachlor	CAS No. 76-44-8	A3 - Confirmed Animal Carcinogen with Unknown Relevance to Humans			
NIOSH:					
Chemical Name	CAS No.				
Heptachlor	76-44-8	potential occupational carcinogen			
NTP: Chemical Name No data available	CAS No.				
IARC: Chemical Name Monograph 79 [2001]; Monograph 53 [1991]; Supplement 7 [1987]	CAS No. 76-44-8	Group No. Group 2B			

12. ECOLOGICAL INFORMATION

Overview:	Moderate ecological hazard. This product may be dangerous to plants and/or wildlife.
Mobility:	No data
Persistence:	No data
Bioaccumulation:	No data
Degradability:	Biodegrades slowly.
Ecological Toxicity Data:	No data available
13. DISPOSAL CONSIDERATIONS	
Waste Description of Spent Product:	Spent or discarded material is a hazardous waste.Mixing spent or discarded material with other materials may render the mixture hazardous. Perform a hazardous waste determination on mixtures.
Disposal Methods:	Dispose of by incineration following Federal, State, Local, or Provincial regulations.
Waste Disposal of Packaging:	Comply with all Local, State, Federal, and Provincial Environmental Regulations.
14. TRANSPORTATION INFORMATION	
United States:	

DOT Proper Shipping Name:	Methanol
UN Number:	UN1230
Hazard Class:	3
Packing Group:	II
International: IATA Proper Shipping Name: UN Number: Hazard Class: Packing Group:	Methanol UN1230 3(6.1) II

Marine Pollutant: No

Chemical Name	CAS#	Marine Pollutant	Severe Marine Pollutant
No data available			

15. REGULATORY INFORMATION

United States: Chemical Name	CAS#	CERCLA	SARA 313	SARA EHS 313	TSCA
methanol	67-56-1	Х	Х	-	Х
heptachlor	76-44-8	Х	Х	-	-

The following chemicals are listed on CA Prop 65:

Chemical Name	CAS #	Regulation
Heptachlor	76-44-8	Prop 65 Cancer
Heptachlor	76-44-8	Prop 65 Devolop Tox
Methanol	67-56-1	Prop 65 Devolop Tox

State Right To Know Listing:

Chemical Name	CAS#	New Jersey	Massachusetts	Pennsylvania	California
methanol	67-56-1	Х	Х	Х	Х
heptachlor	76-44-8	Х	Х	Х	Х

16. OTHER INFORMATION

Prior Version Date:	12/13/16
Other Information:	Any changes to the SDS compared to previous versions are marked by a vertical
	line in front of the concerned paragraph.
References:	No data available
Disclaimer:	Restek Corporation provides the descriptions, data and information contained

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