

TOWN OF SOUTHPORT TIMBER HARVESTING REGISTRATION

Property Owner: _____

Mailing Address: _____

Phone: _____ (home) _____ (cell)

Name of Agent: _____

Mailing Address: _____

Phone: _____ (home) _____ (cell)

Name of Logger: _____

Mailing Address: _____

Phone: _____ (home) _____ (cell)

A. Logger MUST provide the following insurance documents per NYS. See attached information for details.

Liability Insurance not less than \$500,000.

Workers Compensation Insurance on form **C 105.2 (9/07)**

Disability Insurance on form **DB 120.1** or **DB-155** if Self Insured

If you do not carry Workers Comp and/or Disability, then you need to fill out waiver form **CE-200** on line at www.wcb.ny.gov

B. Complete Part I of the State Environmental Assessment Form (SEQR).

C. Logging location address: _____

Tax Map ID: _____

Date logging begins: _____ Ends: _____

State, County or Town roads used to transport: _____

D. Answer YES or NO questions 1 thru 6.

1. Removal of up to 3 but not more than 8 ten wheel or tri-axle loads _____

2. Removal of up to 2 but not more than 5 tractor trailer loads _____

3. "Clear cutting" exceeding 5 acres but not more than 10 acres _____

If YES to any or all of questions 4 thru 6, then you must complete Soil Erosion & Sedimentation Pollution Control Plan.

4. Removal of more than 8 ten wheel or tri-axle loads _____

5. Removal of more than 5 tractor trailer loads _____

6. "Clear cutting" more than 10 acres _____

E. Inform Town Highway Superintendent at (607) 733-5467 before starting any logging.

It shall be the responsibility of the property owner or the property owner's agent or logger to secure all permits which may be required by NYSDEC, NYSDOT, Chemung County DOT, Town of Southport, or other agencies or jurisdiction. I have a copy of the Town Timber Harvesting Rules and will comply.

Signature Owner or Agent _____ Date: _____

Signature Logger _____ Date: _____

Code Enforcement Officer or Permit Clerk _____ Date: _____

A provision of laws and ordinances will be complied with whether specified or not regarding this ordinance. The information specified does not presume to give authority to violate or cancel provisions of any other law or local law regulating this type of ordinance.

1. WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon, completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR***

B) C-105.2 (9/07) -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** **GSI-105.2** -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

2. DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon, completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR***

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form **BP-1** (The homeowner obtains this form from either the Building Department or on the Board's website, www.wcb.ny.gov, under the heading "Forms.")

3. TOWN OF SOUTHPORT 1139 Penn. Ave., Elmira, NY 14904 must be listed as certificate holder on all forms. (607) 737-5267 fax (607) 737-5268

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

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

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

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

4. SCHEDULING

Site work and/or harvesting is expected to begin _____, 20____, and end by _____, 20____
 Sedimentation control measures and facilities as contained in this plan will be installed as road building or harvesting operations progress on the sale or units of the sale and will be maintained until permanent site stabilization is achieved.

5. ESTIMATED AREA DISTURBED BY EARTHMOVING ACTIVITIES – Calculate only if the total project area exceeds 100 acres.

Total length (ft)	x	Average width (ft)	=	Area (sq ft)
Haul roads _____	x		=	_____
Skid roads _____	x		=	_____
Landings _____	x		=	_____
Total area = _____ ÷ 43,560 sq ft/A = _____ acres disturbed by earthmoving activities.				

If total area of earthmoving activities exceeds 25 acres, and Earth Disturbance Permit must be obtained.

Has an application been made for required stream crossing permits? Yes No Not applicable

At all stream crossing locations, runoff must be directed to a sediment removal area, i.e. filter strip, straw bale, silt fence, sump, and a trap for treatment. Water bars and/or broad based dips should be installed and maintained as required on the approaches to the stream crossing.

6. EROSION AND SEDIMENT POLLUTION CONTROL MEASURES AND FACILITIES

Cross-drain culverts on temporary and permanent road systems are planned to be spaced as indicated below. The Department recommends the use of 15-inch diameter corrugated metal pipes for both temporary and permanent access roads. The minimum size pipe allowed is 12-inches. For full consideration of sizing pipes to meet site conditions for temporary and permanent road systems, refer to Table 3.2a and 3.2b in the Timber Harvesters' E&SPC Manual.

A. Cross-drain culvert spacing.

Road grade (% slope)	Culvert Spacing (feet)	Planning spacing* (feet)
2	500	_____
3	400	_____
4	350	_____
5-6	300	_____
7-8	250	_____
9-11	200	_____
12-13	150	_____
14+	100	_____

B. Broad-based dips on the road system are planned to be spaced as indicated below.

Road grade (% slope)	Culvert Spacing (feet)	Planning spacing* (feet)
2	300	_____
3	250	_____
4	200	_____
5	180	_____
6	170	_____
7	160	_____
8	150	_____
9-10	140	_____

*If longer spacings are used, please make sure reasons for their use are explained in Section 8.

C. Filter strip widths by slope of land between roads and perennial streams

Slope of land between road and stream (%)	Minimum widths of filter strip (feet) +
0	25+
10	45+
20	65
30	85
40	105
50	125
60	145
70	165

+Widths should be doubled when the harvesting activity is located on municipal water supplies.

Are additional measures such as silt fence, ditches, etc. required to control Erosion and Sedimentation Pollution from the landings or haul roads?

Yes No If YES, describe them in Section 8 or on the map and provide references for the control measures or design details.

D. Water bar spacing

Road grade (% slope)	Spacing (feet)	Planning spacing* (feet)
2	250	_____
5	135	_____
10	80	_____
15	60	_____
20	45	_____
25	40	_____
30	35	_____
40	30	_____

*If longer spacings are used, please make sure reasons for their use are explained in Section 8.

E. Disturbed Area stabilization (check as appropriate)

	Seeding ^{4,5}	Natural vegetation ⁴
Log landing ⁶	<input type="checkbox"/>	<input type="checkbox"/>
Haul roads ⁶	<input type="checkbox"/>	<input type="checkbox"/>
Skid roads ⁶	<input type="checkbox"/>	<input type="checkbox"/>

Seed mix and seeding rate to be used on critical areas: _____

7. MAINTENANCE

To assure that the erosion and sediment control facilities are operational at all times, these facilities must be inspected, maintained and repaired on a regular schedule such as weekly and after rainfall events by the person identified under item 1.D. Repairs shall be made, obstructions removed, side ditches re-established and ruts removed from the road surface. Specific maintenance requirements are detailed in Section 8.

8. ADDITIONAL EXPLANATION OF PLAN CONTENT

- a) Trees, tops and logs resulting from the harvesting activity shall be removed from stream channels.
- b) If the operation is suspended for 20 or more days, interim stabilization practices such as water-bars, mulch, temporary seeding etc., shall be used to control erosion and sedimentation.
- c) Design calculations and sufficient details for sediment control measures and facilities not meeting the criteria in "Controlling Erosion and Sedimentation from Timber Harvesting Operations" (PSU & DEP) are included with this plan.

¹Soils with a moderate or severe erosion hazard or seasonably wet are poor choices for log landing and road locations and if possible, alternatives should be considered.

²The degree or ease by which soil particles can be detached from the soil surface. Moderate or severe ratings require additional consideration of soil erosion control measures during logging and road construction.

³Somewhat poorly drained soils remain wet for a longer period after rain and would be susceptible to disturbance. These soils may be hydric, indicating a possible wetland. They may have to be logged during dry seasons, when the profile may be relatively dry, or when the soils are frozen. They are poor choices for log landing and road locations and if possible, alternate areas should be considered.

⁴Areas to be seeded may require fertilization and liming. Soil testing will provide individualized recommendations for given sites. Recommendations of 300 lbs. of 10-10-10 fertilizer per acre and 2,000 lbs. of lime per acre should be considered to ensure 70% vegetative cover. Also seeded areas will be more successful if mulched with a minimum of 2.5 tons of straw or hay per acre. Describe in Section 8 if used.

⁵Stabilization of disturbed areas is important. If natural re-vegetation is selected, disturbed areas shall be protected with such measures as straw bale barriers, filter fences, mulch, or filter strips, as well as water bars and other water control structures until natural vegetation grows to stabilize the site. Critical areas such as: approaches to stream crossings, lands, and highly erodible soils require seeding of permanent or temporary cover to ensure that erosion does not occur.

⁶Indicates treatments for individual landing, haul roads or sections, and skid roads identified on the map.