



Town of Brookhaven Long Island

DATE: 09-26-2024

TO: Division of Environmental Protection
Division of Fire Prevention
Division of Land Management
Division of Traffic Safety
Town of Brookhaven Highway Department
Central Pine Barrens
NYSDEC
SCDHS
SCDPW

FROM: Amy Moody
Planning Division

RE: Site Plan: SUFFOLK MUSLIM CEMETERY , Log Number: 23SP0029 , **REVISED SUBMISSION**

Old airport to be converted for Human Cemetery. Demo small sheds and structures, new front railing and gates, drainage along existing roadway/parking and two recharge basins, new parking, landscape and related site improvements. Keep existing residential building as is and one existing building to be renovated for office use, plus one new 6000 sq ft building for funeral service use.

91 Montauk Highway CR80), N/S Montauk Highway, 1992.3 ' W/O Manorville Branch Road (CR91), East Moriches
Suffolk County Tax Map #: 0200-722.00-01.00-001.000, 0 acres.

Please be advised that the Planning Board of the Town of Brookhaven has received a **revised submission** for the above referenced action. For your review and consideration, please find enclosed a copy of the revised site plan.

The Planning Board would like to encourage your agency to make any comments or suggest mitigation measures, particularly with respect to your areas of expertise and jurisdiction, which would enhance the utilization of this site or provide additional protection to the community.

It is requested that any comment letter be sent directly to the applicant with a copy to this office. Your reply is kindly requested within **30 days** of the date of this mailing.

Thank you for your continued cooperation. If you have any questions or need any further information, please contact this Division.

Enc. (Site Plan)

Planning, Environment and Land Management
James M. Tullo, Commissioner

One Independence Hill • Farmingville • NY 11738 • Phone (631) 451-6400 • Fax (631) 451-6419
www.brookhavenny.gov

Full Environmental Assessment Form
Part 1 - Project and Setting**Instructions for Completing Part 1**

Part 1 is to be completed by the applicant or project sponsor. 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: Suffolk Muslim Cemetery		
Project Location (describe, and attach a general location map): 91 Montauk Highway, East Moriches, NY 11940		
Brief Description of Proposed Action (include purpose or need): An old Airport (Spadaro Airport) 28.262 Acres land to be converted for Human Cemetery. Demo small sheds and Structures, New Front Railing and Gates, Drainage along Existing Roadway/Parking and 2 Recharge Basins, New Parking, Landscape and related site improvements. Keep Existing Residential Building as is and One Existing building to be renovated for Office use plus one New 6,000 SF Single Story Building for Funeral Service use. This site is being developed for human burial grounds.		
Name of Applicant/Sponsor: Ghulam Sarwar		Telephone: 631-741-1137 E-Mail: sarwarsal@yahoo.com
Address: 755 Waverly Avenue, Suite # 220		
City/PO: Holtsville	State: NY	Zip Code: 11742
Project Contact (if not same as sponsor; give name and title/role): Same as above		Telephone: E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor): SA LI Holdings, INC & LIMC Enterprises, Inc.		Telephone: 631-741-1137 E-Mail: sarwarsal@yahoo.com
Address: 755 Waverly Avenue, Suite # 220		
City/PO: Holtsville	State: NY	Zip Code: 11742

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)			
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)	
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees			
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Brookhaven Planning Board, Special Permit	9/08/2024	
c. City, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals			
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SCDHS Sanitary System Permit	10/1/2024	
f. Regional agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suffolk County Long Island Regional Planning Review	9/08/2024	
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
i. Coastal Resources.			
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the Yes No only approval(s) which must be granted to enable the proposed action to proceed?

- **If Yes**, complete sections C, F and G.
- **If No**, proceed to question C.2 and complete all remaining sections and questions in Part 1

C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site Yes No where the proposed action would be located?

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action Yes No would be located?

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Yes No Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)

If Yes, identify the plan(s):

Remediaton Sites:152224

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, Yes No or an adopted municipal farmland protection plan?

If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance? Yes No
If Yes, what is the zoning classification(s) including any applicable overlay district?

A1 Residential and J2 Business

b. Is the use permitted or allowed by a special or conditional use permit? Yes No

c. Is a zoning change requested as part of the proposed action? Yes No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? East Moriches UFSD

b. What police or other public protection forces serve the project site?

Suffolk County Police Department

c. Which fire protection and emergency medical services serve the project site?

East Moriches

d. What parks serve the project site?

Eastport South Manor Athletic Complex

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Human Cemetery

b. a. Total acreage of the site of the proposed action? 28.262 acres

b. Total acreage to be physically disturbed? 20 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 28.262 acres

c. Is the proposed action an expansion of an existing project or use? Yes No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? Yes No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed? Yes No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will the proposed action be constructed in multiple phases? Yes No

i. If No, anticipated period of construction: _____ months

ii. If Yes:

• Total number of phases anticipated

• Anticipated commencement date of phase 1 (including demolition) 2 _____ month 3 _____ year 0

• Anticipated completion date of final phase 10 _____ month 0 _____ year

• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

This is a human graveyard, as the demand for graves lots will increase the land will be used for graves. Phase 1 will be required to start the Graveyard operation. _____

f. Does the project include new residential uses?

Yes No

If Yes, show numbers of units proposed.

One Family

Two Family

Three Family

Multiple Family (four or more)

Initial Phase

At completion

Initial Phase

Yes No

If Yes,

i. Total number of structures _____

ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length

iii. Approximate extent of building space to be heated or cooled: _____ square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?

Yes No

If Yes,

i. Purpose of the impoundment: _____

ii. If a water impoundment, the principal source of the water: _____

Ground water Surface water streams Other specify: _____

iii. If other than water, identify the type of impounded/contained liquids and their source.

iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres

v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete):

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? Yes No

(Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)

If Yes:

i. What is the purpose of the excavation or dredging? Install Drainage Drywells along existing roadway and 2 Recharge Basins for Runoff storage

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards): 840
- Over what duration of time? 6 Months

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.

Dispose excavated Brown Sand and Gravel from Drywell installation

iv. Will there be onsite dewatering or processing of excavated materials? Yes No

If yes, describe. _____

v. What is the total area to be dredged or excavated? _____ acres

vi. What is the maximum area to be worked at any one time? _____ acres

vii. What would be the maximum depth of excavation or dredging? _____ feet

viii. Will the excavation require blasting? Yes No

ix. Summarize site reclamation goals and plan:

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? Yes No

If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description):

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments? Yes No

If Yes, describe:

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation? Yes No

If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____

- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? Yes No

If Yes:

i. Total anticipated water usage/demand per day: _____ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? Yes No

If Yes:

- Name of district or service area: SCWA
- Does the existing public water supply have capacity to serve the proposal? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No
- Do existing lines serve the project site? Yes No

iii. Will line extension within an existing district be necessary to supply the project? Yes No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
- Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site? Yes No

If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? Yes No

If Yes:

i. Total anticipated liquid waste generation per day: _____ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): _____

iii. Will the proposed action use any existing public wastewater treatment facilities? Yes No

If Yes:

- Name of wastewater treatment plant to be used: _____
- Name of district: _____
- Does the existing wastewater treatment plant have capacity to serve the project? Yes No
- Is the project site in the existing district? Yes No
- Is expansion of the district needed? Yes No

• Do existing sewer lines serve the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Will a line extension within an existing district be necessary to serve the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
• Describe extensions or capacity expansions proposed to serve this project: _____	
iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
• Applicant/sponsor for new district: _____	
• Date application submitted or anticipated: _____	
• What is the receiving water for the wastewater discharge? _____	
v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans): Subsurface Sewage System meeting Suffolk County Department of Health Services Sanitary Code and Standards _____	
vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____	
e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. How much impervious surface will the project create in relation to total size of project parcel?	
_____ Square feet or _____ acres (impervious surface)	
_____ Square feet or _____ acres (parcel size)	
ii. Describe types of new point sources. _____	
iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____	
• If to surface waters, identify receiving water bodies or wetlands: _____	
• Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, identify:	
i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____	
ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____	
iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____	
g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. In addition to emissions as calculated in the application, the project will generate:	
• _____ Tons/year (short tons) of Carbon Dioxide (CO ₂)	
• _____ Tons/year (short tons) of Nitrous Oxide (N ₂ O)	
• _____ Tons/year (short tons) of Perfluorocarbons (PFCs)	
• _____ Tons/year (short tons) of Sulfur Hexafluoride (SF ₆)	
• _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)	
• _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)	

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Estimate methane generation in tons/year (metric): _____	
ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____	
i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____ _____	
j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
<input type="checkbox"/> Randomly between hours of _____ to _____.	
ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____	
iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____	
iv. Does the proposed action include any shared use parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe:	
vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Estimate annual electricity demand during operation of the proposed action: _____	
ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____	
iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Hours of operation. Answer all items which apply.	
i. During Construction:	
<ul style="list-style-type: none"> • Monday - Friday: _____ 8 am to 4 pm • Saturday: _____ none • Sunday: _____ none • Holidays: _____ none 	
ii. During Operations:	
<ul style="list-style-type: none"> • Monday - Friday: _____ 8 am to 4 pm • Saturday: _____ 8 am to 4 pm • Sunday: _____ none • Holidays: _____ none 	

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes:	
i. Provide details including sources, time of day and duration:	_____
ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: _____	
n. Will the proposed action have outdoor lighting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes:	
i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	_____
ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: _____	
o. Does the proposed action have the potential to produce odors for more than one hour per day?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____	
p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Product(s) to be stored _____	_____
ii. Volume(s) _____ per unit time _____ (e.g., month, year)	_____
iii. Generally, describe the proposed storage facilities: _____	_____
q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Describe proposed treatment(s):	_____
ii. Will the proposed action use Integrated Pest Management Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Describe any solid waste(s) to be generated during construction or operation of the facility:	_____
• Construction: _____ tons per _____ (unit of time)	_____
• Operation : _____ tons per _____ (unit of time)	_____
ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:	_____
• Construction: _____	_____
• Operation: _____	_____
iii. Proposed disposal methods/facilities for solid waste generated on-site:	_____
• Construction: _____	_____
• Operation: _____	_____

s. Does the proposed action include construction or modification of a solid waste management facility?

Yes No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

• _____ Tons/month, if transfer or other non-combustion/thermal treatment, or

• _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? Yes No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? Yes No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

Urban Industrial Commercial Residential (suburban) Rural (non-farm)
 Forest Agriculture Aquatic Other (specify): _____

ii. If mix of uses, generally describe:

Garden & Landscaping Supplies store, Barber & Beauty Shop, Residential Houses, Animal Hospital, Restaurant and Auto Retail/Repair Shop. _____

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	2.27	2.27	0
• Forested	0	0	
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	25.992	25.992	0
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: _____			

c. Is the project site presently used by members of the community for public recreation? i. If Yes: explain: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? If Yes, i. Identify Facilities: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Does the project site contain an existing dam? If Yes: i. Dimensions of the dam and impoundment: • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Dam's existing hazard classification: _____	
iii. Provide date and summarize results of last inspection: _____	
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? If Yes: i. Has the facility been formally closed? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, cite sources/documentation: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____	
iii. Describe any development constraints due to the prior solid waste activities: _____	
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? If Yes: i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: <input type="checkbox"/> Yes – Spills Incidents database <input checked="" type="checkbox"/> Yes – Environmental Site Remediation database <input type="checkbox"/> Neither database Provide DEC ID number(s): _____ Provide DEC ID number(s): 152224	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ii. If site has been subject of RCRA corrective activities, describe control measures: _____	
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): 152224	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____	

v. Is the project site subject to an institutional control limiting property uses? Yes No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? Yes No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ 40 +/- feet

b. Are there bedrock outcroppings on the project site? Yes No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site: _____ Brown Sand and Gravel _____ 100 %

_____ %

d. What is the average depth to the water table on the project site? Average: _____ 31 feet

e. Drainage status of project site soils: Well Drained: _____ 90% of site
 Moderately Well Drained: _____ 10 % of site
 Poorly Drained: _____ % of site

f. Approximate proportion of proposed action site with slopes: 0-10%: _____ 100 % of site
 10-15%: _____ % of site
 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? Yes No
If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? Yes No

ii. Do any wetlands or other waterbodies adjoin the project site? Yes No

If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? Yes No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification C
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Federal Waters, Federal Waters, Federal Waters Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? Yes No
If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? Yes No

j. Is the project site in the 100-year Floodplain? Yes No

k. Is the project site in the 500-year Floodplain? Yes No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? Yes No
If Yes:
i. Name of aquifer: Sole Source Aquifer Names:Nassau-Suffolk SSA

m. Identify the predominant wildlife species that occupy or use the project site: None	_____
n. Does the project site contain a designated significant natural community? If Yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Describe the habitat/community (composition, function, and basis for designation): _____	
ii. Source(s) of description or evaluation: _____	
iii. Extent of community/habitat:	
• Currently: _____ acres	
• Following completion of project as proposed: _____ acres	
• Gain or loss (indicate + or -): _____ acres	
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? If Yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Species and listing (endangered or threatened): _____	
Northern Long-eared Bat	_____
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? If Yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Species and listing: _____	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? If yes, give a brief description of how the proposed action may affect that use: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.3. Designated Public Resources On or Near Project Site	
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? If Yes, provide county plus district name/number: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Are agricultural lands consisting of highly productive soils present? i. If Yes: acreage(s) on project site? _____ ii. Source(s) of soil rating(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? If Yes: i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? If Yes: i. CEA name: Coastal Zone Area South, SGPA, Central Suffolk Pine Barrens ii. Basis for designation: Protect public health, open space and wetlands, Protect groundwater, Benefit to human health & pr... iii. Designating agency and date: Agency:Brookhaven, Town of, Agency:Long Island Regional Planning, Agency:Suffolk County...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? Yes No

If Yes:

i. Nature of historic/archaeological resource: Archaeological Site Historic Building or District

ii. Name: _____

iii. Brief description of attributes on which listing is based: _____

f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? Yes No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? Yes No

If Yes:

i. Describe possible resource(s): _____

ii. Basis for identification: _____

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? Yes No

If Yes:

i. Identify resource: _____

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____

iii. Distance between project and resource: _____ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? Yes No

If Yes:

i. Identify the name of the river and its designation: _____

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? Yes No

F. Additional Information

Attach any additional information which may be needed to clarify your project.

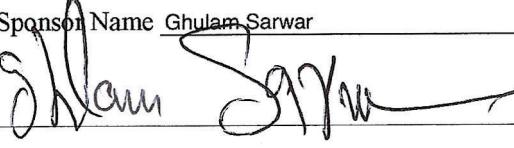
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

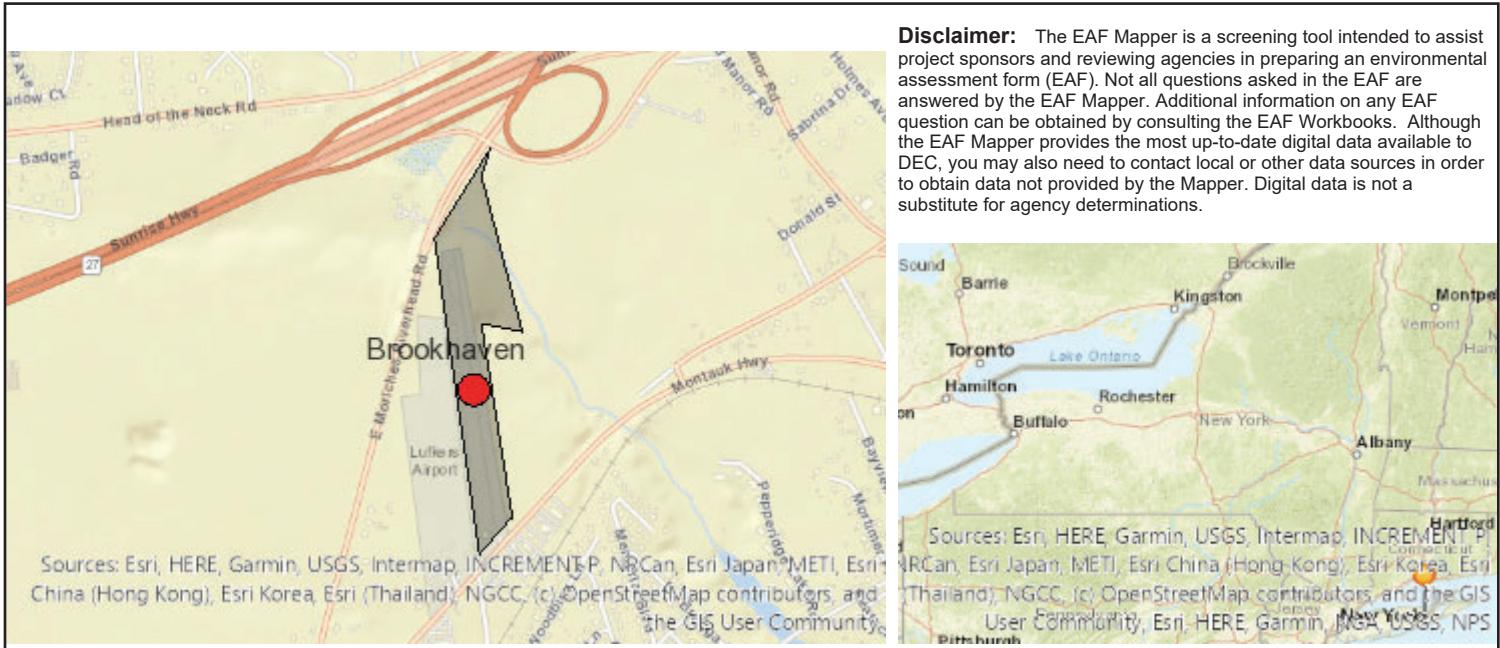
I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Ghulam Sarwar

Date 8/19/2023

Signature 

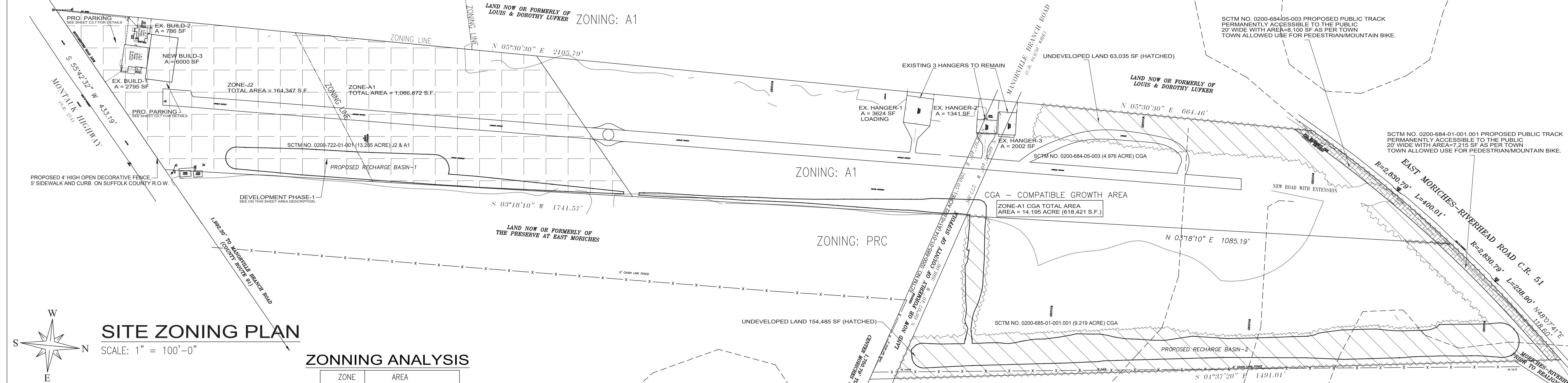
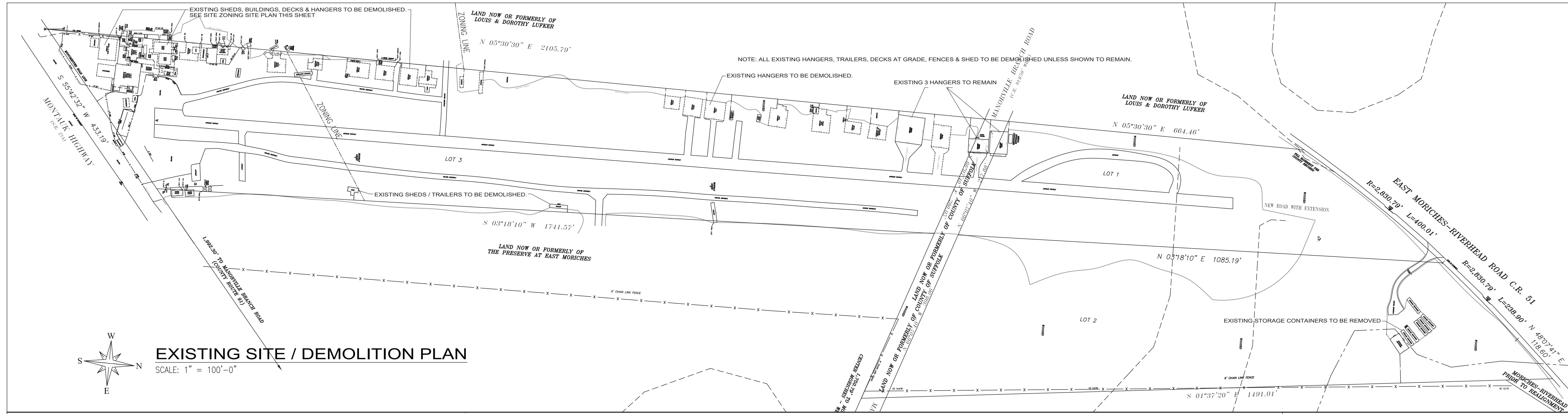
Title Applicant / Owner



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	Remediation Sites: 152224
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Yes - Digital mapping data for Spills Incidents are not available for this location. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Yes
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Yes
E.1.h.i [DEC Spills or Remediation Site - DEC ID Number]	152224
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	152224
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	Yes
E.2.h.ii [Surface Water Features]	Yes
E.2.h.iii [Surface Water Features]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
E.2.h.iv [Surface Water Features - Stream Name]	920-54
E.2.h.iv [Surface Water Features - Stream Classification]	C
E.2.h.iv [Surface Water Features - Wetlands Name]	Federal Waters

E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Sole Source Aquifer Names:Nassau-Suffolk SSA
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Northern Long-eared Bat
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	Yes
E.3.d [Critical Environmental Area - Name]	Coastal Zone Area South, SGPA, Central Suffolk Pine Barrens
E.3.d.ii [Critical Environmental Area - Reason]	Protect public health, open space and wetlands, Protect groundwater, Benefit to human health & protect drinking water
E.3.d.iii [Critical Environmental Area – Date and Agency]	Agency:Brookhaven, Town of, Agency:Long Island Regional Planning, Agency:Suffolk County, Date:5-18-87, Date:3-19-93, Date:2-10-88
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	No
E.3.i. [Designated River Corridor]	No





ZONING		
CODE / ITEM	A-1 REQUIREMENTS	EXISTING / PROPOSED
85-432(H) / 85-177	HEIGHT	35' 22' (BUILD-1) & 26' (BUILD-2)
85-432(H) / 85-177	STORIES	2 1/2 2
85-432(A) / 85-177	MINIMUM LOT AREA	40,000 SF 1,231,109 SF
85-432(D) / 85-177	MAXIMUM LOT AREA	15% 10,749 SF / 1,231,109 SF
85-432(C) / 85-177	FRONTAGE WIDTH	175' 435'
85-432(D) / 85-177	FRONT YARD	45' 45' EXISTING BUILD-1
85-432(D) / 85-177	SIDE YARD	25' MIN 20' EXISTING BUILD-2
85-177 / 85-177	MINIMUM TOTAL SIDE YARDS	75' MIN 240'
85-432(E) / 85-177	REAR YARD	60' MIN 260'
85-843(R)	BUFFER (WEST, EAST & NORTH SIDES)	25' FOR RESIDENTIAL N/A
ACCESSORY STRUCTURES:		
MAXIMUM HEIGHT	18'	30'
MINIMUM SETBACK FROM ANY LOT LINE	10'	8.6' HANGER
MINIMUM SETBACK FROM STREET	70'	1654'
MAXIMUM LOT COVERAGE (% OF REAR YARD ALLOWED)	25% = 0.25 X 1,166,348 = 291,587	16,584 / 1,166,348 = 1.5%
85-843(A) NATURAL AREA/LANDSCAPE		
	217,520 SF / 1,231,109 = 17.67%	
85-850 LOADING PARKING		
0	1 (HANGER-1)	
85-852 PARKING		
0	SHC + 22 = 27	
85-855(A) FRONT YARD FOR PARKING		
50'	6' SETBACK	

* BOARD OF ZONING APPEALS VARIANCE REQUIRED.

DEVELOPMENT PHASING:

PHASE-1: 337,665 SF = 7.752 ACRES
(HATCHED AREA INCLUDING RECHARGE BASIN-1)
STARTING AT SOUTH/EAST CORNER OF PROPERTY;
THENCE S55°42'32" W 433.19'; THENCE N05°30'30" 1080.00';
THENCE N55°42'32" E 433.19'; THENCE S03°18'10" W 1047.19';
ENDING AT STARTING POINT S/E CORNER OF PROPERTY.

PHASE-2: 893,444 SF = 20.511 ACRES

DATE: 8/13/2023

DRAWING NO. Z1.0

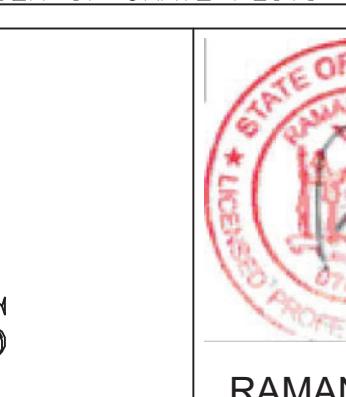
PROJECT NO.

23CP01

DRAWN BY: IS

CHECKED BY: TK

DRAWING TITLE:
**ZONING
PLAN &
ANALYSIS**



ENGINEER

REVISIONS

REV #	DATE	DESCRIPTION
1	9/13/2024	REVISED AS PER TOWN PRELIMINARY REVIEW.

PROJECT:
**SUFFOLK MUSLIM
CEMETERY**
91 MONTAUK HIGHWAY,
EAST MORICHES, NEW YORK

**SUPERIOR CONSULTING
AND ENGINEERING**
183 BROADWAY, SUITE 317
HICKSVILLE, NY

SURVEY OF DESCRIBED PROPERTY

S.C.T.M. NO. 200-722-01-001
LOT AREA = 578,724 S.F. / 13.285 ACRES
S.C.T.M. NO. 200-684-05-003
LOT AREA = 216,789 S.F. / 4.976 ACRES
S.C.T.M. NO. 200-685-01-001.001
LOT AREA = 401,618 S.F. / 9.219 ACRES
TOTAL CGA AREA = 618,407 S.F. / 14.195 ACRES
TOTAL CGA AREA CLEARANCE/DEVELOPMENT ALLOWED 65% = 401,965 S.F. / 9.228 ACRES
MINIMUM TOTAL CGA AREA UNDEVELOPED REQUIRED 35% = 216,442 S.F. / 4.969 ACRES
TOTAL CGA AREA UNDEVELOPED PROVIDED 35.2% = 217,520 S.F. / 4.994 ACRES

TOTAL AREA = 1,231,109 S.F. / 28.262 ACRES

TOTAL NUMBER OF GRAVE PLOTS = 25,668

PARKING:

EXISTING RESIDENCE = 1
OFFICE EMPLOYEES = 6

VISITORS = 20
TOTAL PARKING REQUIRED = 27

TOTAL PARKING PROVIDED = 28 (SEE SHEET C3.7)
FUNERAL/BURIAL PROCESSION PARKING ALONG ROADWAY

LANDSCAPING:
PROPOSED AREA = 13,145 SF (1.1%) (SEE SHEET C3.7)
FERTILIZER-DEPENDENT WITH IRRIGATION

PROPOSED PUBLIC TRACK
PROPOSED AREA = 15,315 SF (NORTH END, 20' WIDE TRACK)

TOWN ALLOWED USE FOR PEDESTRIAN/MOUNTAIN BIKE